



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 APR - 6 AM 9:19

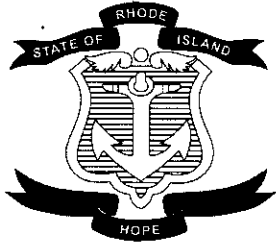
**Business Corporation  
 Articles of Dissolution**  
 Filing Fee: \$50.00

Pursuant to the provisions of Sections 7-1.2-1308 and 7-1.2-1309 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID No. 000065115	2. The name of the corporation is: Joseph C. Cambio MD Ltd.
3. The dissolution was approved by (check one): <input checked="" type="checkbox"/> consent of the shareholders pursuant to the provisions of Section 7-1.2-1302. <div style="text-align: center;">or</div> <input type="checkbox"/> by an act of the corporation pursuant to the provisions of Section 7-1.2-1303.	
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.	
5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.	
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against it in any pending suit.	
7. As required by Section 7-1.2-1309 of the General Laws, the corporation has paid all fees and franchise taxes.	
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date Received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Signature of Authorized Officer of the Corporation <i>Joseph C. Cambio</i>	Type or Print Name of Authorized Officer Joseph C. Cambio
Date <i>4/4/2016</i>	

9:19 AM  
**FILED**  
 APR 06 2016  
 By 271725  
*KM*

ID #65115



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

JOSEPH C CAMBIO MD LTD  
207 QUAKER LN FL 2  
WEST WARWICK, RI 02893-2283

## LETTER OF GOOD STANDING

It appears from our records that **JOSEPH C CAMBIO MD LTD** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **JOSEPH C CAMBIO MD LTD** is in good standing with the Rhode Island Division of Taxation as of **03/28/2016**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.


This letter is issued pursuant to the request of the above named corporation for the purpose of:

## DISSOLUTION

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

  
\_\_\_\_\_  
Neena Savage  
Acting Tax Administrator

  
\_\_\_\_\_  
Cheri O'Connor  
Supervising Revenue Officer  
Compliance and Collections

050460605:11325951  
DLN: 0941456001

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

