



State of Rhode Island  
 Department of State - Business Services Division

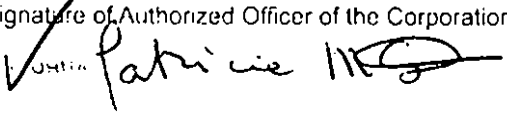
RECEIVED STATE  
 RI DEPT OF STATE  
 BUS SVCS DIV  
 2021 DEC 22 PM 12:48

**Articles of Dissolution**

DOMESTIC Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1308 and 7-1.2-1309, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: <b>000067033</b>		2. The name of the corporation is: <b>PATRICIA MANNING SMITH AGENCY INC</b>	
3. The dissolution was approved by (CHECK ONE): <input checked="" type="checkbox"/> consent of the shareholders pursuant to RIGL <u>7-1.2-1302</u> . OR <input type="checkbox"/> an act of the corporation pursuant to RIGL <u>7-1.2-1303</u> .			
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 judgement, order, or decree which may be entered against it in any pending suit.		7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL <u>7-1.2-1309</u> , the corporation has paid all fees and taxes. [Note: tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	
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 date of filing) _____			
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i>			
Type or Print Name of Authorized Officer <b>PATRICIA MANNING SMITH, PRESIDENT</b>		Date <b>11/29/21</b>	
Signature of Authorized Officer of the Corporation 			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**  
 DEC 22 2021  
 BY 10010

If you have any questions, please call us at (401) 222-3040, Monday through Friday between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

A.A.  
 12:48 PM  
 FORM 112 Rev. 10/2021



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

I.D.# 67033

JOSEPH P CALABRO JR  
1 THURBER BLVD STE D  
SMITHFIELD, RI 02917

## LETTER OF GOOD STANDING

It appears from our records that PATRICIA MANNING SMITH AGENCY, INC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. PATRICIA MANNING SMITH AGENCY, INC is in good standing with the Rhode Island Division of Taxation as of 12/20/2021. 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:

### LIQUIDATION

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,

  
\_\_\_\_\_  
IAN BEAUREGARD  
Supervising Revenue Officer

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

050462733:18271889  
DLN: 10011690746



State of Rhode Island  
**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,  
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:

December 22, 2021 12:48 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

