



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: 1004596	2. The name of the corporation is: Hands of Wisdom, II, Co.
3. The dissolution was approved by (CHECK ONE):	
<input checked="" type="checkbox"/> consent of the shareholders pursuant to the provisions of RIGL <u>7-1.2-1302</u> . OR <input type="checkbox"/> an act of the corporation pursuant to the provisions of 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 judgment, order, or decree which may be entered against it in any pending suit.	
7. As required by RIGL <u>7-1.2-1309</u> , the corporation has paid all fees and franchise taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution MUST accompany this form.	
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>	
Type or Print Name of Authorized Officer Lisle Ann Jackson	Date 1/10/17
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE	

RECEIVED
 DEPT. OF STATE
 DIVISION OF
 BUSINESS SERVICES
 2017 JAN 12 AM 11:38

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

FILED
 STAMP
 JAN 12 2017

BY 0292982

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.



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

1004596

TIA M. PRIOLO, ESQ.
HANDS OF WISDOM II CO
167 MAIN STREET
WESTERLY, RI 02891

LETTER OF GOOD STANDING

It appears from our records that **HANDS OF WISDOM II, CO.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **HANDS OF WISDOM II, CO.** is in good standing with the Rhode Island Division of Taxation as of **12/30/2016**. 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

472197505:11850986
DLN: 2203344001

RECEIVED STATE
R.I. DEPT. OF TAXATION
DIV. OF TAXATION
2017 JAN 12 AM 11:38



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, written in a professional style.

Nellie M. Gorbea
Secretary of State

