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 DEPARTMENT OF STATE  
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**Articles of Dissolution**  
 DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-54, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: <b>C00118999</b>	2. The name of the corporation is: <b>Corinna's Angels, a Chapter of Andrew's</b>
3. A resolution to dissolve the corporation was adopted in the following manner: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of members held on <u>January 15, 2017</u> , at which meeting a quorum was present, and the resolution received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on _____, and received the vote of a majority of the directors in office, there being no members	
4. Has the corporation adopted a plan of distribution? Yes <input type="checkbox"/> or No <input checked="" type="checkbox"/> If yes please attach the plan and check the box to indicate the attachment. <input type="checkbox"/>	
5. All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore. All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of RIGL 7-6. There are no suits pending against the corporation in any court in respect of which adequate provision has not been made for the satisfaction of any judgment, order or decree, which may be entered against it.	
<i>Under penalty of perjury, we declare and affirm that 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 the Name of President <input checked="" type="checkbox"/> or Vice President <input type="checkbox"/> <b>Michelle Calise</b>	Date <b>2-6-17</b>
SIGN DOCUMENT HERE	
Type or Print the Name of the Secretary <input checked="" type="checkbox"/> or Assistant Secretary <input type="checkbox"/> <b>Michael Robert Calise</b>	Date <b>2-6-17</b>
SIGN DOCUMENT HERE	

TWO SIGNATURES ARE REQUIRED

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

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BY 295418

A.A. 11:32 AM

FORM 203 - Revised: 06/2016

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.