

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Articles of Dissolution

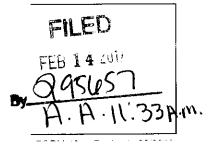
DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-47</u>, the undersigned hereby submits the following Articles of Dissolution:

| 1. Entity ID Number: | 2. The name of the limited liability company is: | |
|--|---|---------------------------------------|
| 822715 | Reset to Health LLC | |
| 3.The date of filing of its ori | ginal Articles of Organization was: $g - 20 - 20 13$ | |
| 4. The dates of filing of all a | mendments to the original Articles of Organization or the m | lost recent restatement, if any, and |
| all subsequent amendment | s thereto: NONE | |
| | | 8.1. D |
| 5. The reason(s) for filing th | e Articles of Dissolution are: | A |
| Сопралу по | ever showed a profit. | ANII: 33 |
| 6. State any other informati | on or provision, not inconsistent with law, which the membe | ers or authorized person signing the |
| Articles of Dissolution elect | | |
| | | |
| | | |
| | | |
| | 2.9 the entity has noted all face and franchise taxes. BI Divis | sion of Taxation's ORIGINAL letter of |
| 7. As required by RIGL <u>7-18</u> good standing (LOGS) for t | <u>6-8</u> , the entity has paid all fees and franchise taxes. RI Division he purpose of dissolution MUST accompany this form. | |

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



| 8. Date when these Articles of Dissolution will be effective: CHECK | ONE BOX ONLY |
|---|---|
| Date received (Upon filing) | |
| Effective date (which shall be a date certain) | |
| Under penalty of perjury, I declare and affirm that I have examined t accompanying attachments, and that all statements contained here | hese Articles of Dissolution, including any in are true and correct. |
| Type or Print Name of LLC | Date |
| Reset to Health LLC | 2-9-2017 |
| Signature of Authorized Person | |
| 1/5 | |
| 419 | |

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

ELIZABETH SCHULTZ RESET TO HEALTH LLC 540 ANNAQUATUCKET RD N KINGSTOWN, RI 02852-



LETTER OF GOOD STANDING

It appears from our records that **RESET TO HEALTH LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **RESET TO HEALTH LLC** is in good standing with the Rhode Island Division of Taxation as of **02/02/2017**. 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 <u>only</u> for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

1.1.1

Neena Savage Acting Tax Administrator

Cont

Neil Caouette Supervising Revenue Officer Compliance and Collections

000822715:11651360 DLN: 2878844001





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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

