RI SOS Filing Number: 201746654830 Date: 6/28/2017 10:33:00 AM

**Division** 

(B)	State of Rhode Island and Providence Plantations  Department of State - Business Services
	es of Dissolution STIC Non-Profit Corporation

→ Filing Fee: \$10.00

R.I. DEPT. OF STATI

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

1, Entity ID Number.	2. The name of the corporation is:			
791481	Part of the DATH I			
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY				
The resolution to dissolve the corporation was adopted at a meeting of members held on, 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.				
The resolution to dissolve the corporation was adopted by a consent in writing on, signed by all members entitled to vote with respect thereto.				
The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on April 9, 2017, 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  or No  If yes please attach the plan and check the box to indicate the attachment.				
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.				
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.				
Type or Print the Name of President \( \overline{AVAN} \)	Date 6-25-17			
Signature of President or Vice President  College Contact of Additional Contact of Addit				
Type or Print the Name of the Secretary	Date			
Susan F. Charland 2-25-17				
Signature of Secretary or Assistant Secretary				

TWO SIGNATURES ARE REQUIRED

MAIL TO:

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**Division of Business Services** 

148 W. River Street Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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.

FILED

JUN 28 2017

BY 00 1150 A-A-10:33 AM

FORM 203 - Revised: 06/2016

All money, sets and costumes will be

donzted to Festival Br/Let Providence.

Colleen and

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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:

June 28, 2017 10:33 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

