



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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: <u>001668072</u>	2. The name of the corporation is: <u>THE PRISON BRIDGE PROGRAM</u>
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 <u>10-1-17</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.	
☐ 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 _____, 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 ☒ or Vice President ☐	Date
<u>JAMES MONTEIRO</u>	<u>10-2-17</u>
Signature of President or Vice President <u>James Monteiro</u> SIGN DOCUMENT HERE	
Type or Print the Name of the Secretary ☐ or Assistant Secretary ☐	Date
<u>VANNIE VELAZQUEZ</u>	<u>10-2-17</u>
Signature of Secretary or Assistant Secretary <u>Vannie Velazquez</u> SIGN DOCUMENT HERE	

TWO SIGNATURES ARE REQUIRED

FILED

OCT 03 2017

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY 62 3139331:10

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 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:

October 03, 2017 01:10 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

