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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVES STATE SECRETARY OF STATE CORPORATIONS DIV

## **Articles of Dissolution**

**DOMESTIC Non-Profit Corporation** 

→ Filing Fee: \$10.00

1. Entity ID Number: 2. The name of the corporation is:	
001661621 NEWPORT CHILDREN'S THEATRE	
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 12/01/2017 by all members entitled to vote with respect thereto.	, signed
The resolution to dissolve the corporation was adopted at a meeting of the board of directors, and received the vote of a majority of the directors in office,	
4. Has the corporation adopted a plan of distribution? Yes or No very lf yes please attach the plan and check the box to a indicate the attachment.	
5. All debts, obligations, and liabilities of the corporation have been paid and discharged, or adec made therefore. All of the remaining property and assets of the corporation have been transferre in accordance with the provisions of RIGL <u>7-6</u> . There are no suits pending against the corporation which adequate provision has not been made for the satisfaction of any judgment, order or decre against it.	d, conveyed or distributed in in any court marespect of
Under penalty of perjury, we declare and affirm that we have examined these Articles of Dissolut accompanying attachments, and that all statements contained herein are true and correct.	ion, including any
Type or Print the Name of President  or Vice President  Data TARA GNOLFO, DIRECTOR	10 R-9-17
Signature of President or Vice President SIGN DOCUMENT HERE	
,,	ate
TRICIA JEDELE, INCORPORATOR	12/9/17
Signature of Secretary or Assistant Secretary  SIGN DOCUMENT HERE	

TWO SIGNATURES ARE REQUIRED

**FILED** 

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 28 2017

1:01

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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:

December 28, 2017 01:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

