State of Rhode Island and Providence Plantations			
Department of State	e - Business Services Divis	sion	
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Articles of Dissolution DOMESTIC Non-Profit Corporation			REC RPCR MAR I
→ Filing Fee: \$10.00			NTERNER
			PHI NS ED
→ Filing Fee: \$10.00 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	5.	
000889728	Burrillville Arts & Crafts Festiv	al Association	
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 1/1/2018 , 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 i 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 <u>7-6</u> . 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
Veronica Huguenin			3.1.18
Signature of President or Vice President VICONICA HUSULININ SIGN DOCUMENT HERE			
Type or Print the Name of the Secretary			Date
James Hugu <del>en</del> in			3.1.18
Signature of Secretary or Assistant Secretary SIGN DOCUMENT HERE			
TWO SIGNATURES ARE REQUIRED			
MAIL TO:			FILED
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 MAR			MAR 1 2 2018
Phone: (401) 222-3040 Website: www.sos.ri.gov		BY	26342
			NA-12:01 pm

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.

FORM 203 - Revised: 06/2016



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:

March 12, 2018 12:01 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

