



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

Business Corporation
Articles of Dissolution
 Filing Fee: \$50.00

STAMP

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV.
 2018 JUN 21
 11:27

Pursuant to the provisions of Sections 7-1.2-1308 and 7-1.2-1309 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation.

1. Entity ID No. 000046576	2. The name of the corporation is: Apple Valley Family Treatment Center, Inc	
3. The dissolution was approved by (check one): <input checked="" type="checkbox"/> consent of the shareholders pursuant to the provisions of Section 7-1.2-1302. or <input type="checkbox"/> by an act of the corporation pursuant to the provisions of Section 7-1.2-1303.		
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title 11 of the U.S. Code.		
5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.		
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against it in any pending suit.		
7. As required by Section 7-1.2-1309 of the General Laws, the corporation has paid all fees and franchise taxes.		
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date Received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.		
Signature of Authorized Officer of the Corporation <i>Susan B Fanning</i>	Type or Print Name of Authorized Officer Susan B Fanning	Date 6/19/18

FILED

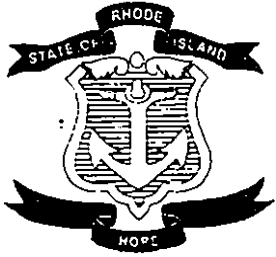
JUN 21 2018

11:30

STAMP

BY *[Signature]* 333201

RECEIVED



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

46576

RECEIVED STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 21 AM 11:26

APPLE VALLEY FAMILY TREATMENT CENTER
ATTN: SUSAN FANNING
34 SASSAFRAS RD
NORTILKINGSTOWN, RI 02852-4311

LETTER OF GOOD STANDING

It appears from our records that **Apple Valley Family Treatment Center, Inc.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Apple Valley Family Treatment Center, Inc.** is in good standing with the Rhode Island Division of Taxation as of 05/30/2018. 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 only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,


Neena Savage
Tax Administrator


Ian Beauregard
Supervising Revenue Officer
Compliance and Collections

050437434:13717134
DLN: 10002705452



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:

June 21, 2018 11:30 AM

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

