



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 AUG 31 PM 1:55

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: 94883	2. The name of the corporation is University Medical Group, Inc.
3. A resolution to dissolve the corporation was adopted in the following manner. CHECK ONE BOX ONLY	
<input type="checkbox"/> 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.	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.	
<input checked="" type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on August 30, 2018 , and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.	
4. Has the corporation adopted a plan of distribution? Yes <input type="checkbox"/> or No <input checked="" type="checkbox"/> If yes please attach the plan and check the box to indicate the attachment. <input type="checkbox"/>	
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 <input checked="" type="checkbox"/> or Vice President <input type="checkbox"/> Amer Malik, M.D.	Date August 30, 2018
Signature of President or Vice President 	
Type or Print the Name of the Secretary <input checked="" type="checkbox"/> or Assistant Secretary <input type="checkbox"/> Demetra Ouellette	Date August 30, 2018
Signature of Secretary or Assistant Secretary 	

TWO SIGNATURES ARE REQUIRED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY CR ITORO

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:

August 31, 2018 01:55 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

