



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

STATE OF RHODE ISLAND
DEPARTMENT OF STATE
CORPORATIONS DIVISION

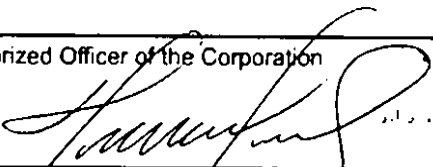
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Articles of Dissolution

DOMESTIC Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1308 and 7-1.2-1309, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: 001672279		2. The name of the corporation is: YOUR HOME YOUR CHOICE, HEALTH CARE, INC	
3. The dissolution was approved by (CHECK ONE): <input checked="" type="checkbox"/> consent of the shareholders pursuant to RIGL 7-1.2-1302. OR <input type="checkbox"/> an act of the corporation pursuant to RIGL 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 II 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 judgement, order, or decree which may be entered against it in any pending suit.		7. As required by RIGL 7-1.2-1309, the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution MUST accompany this form.	
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 date of filing) _____			
Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Dissolution by Incorporators, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Officer HERNAN PADILLA		Date 04/30/2019	
Signature of Authorized Officer of the Corporation 			

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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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.

1672279



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

JULIO ALCANTARA
801 PARK AVE
CRANSTON, RI 02910-2036

LETTER OF GOOD STANDING

It appears from our records that **YOUR HOME YOUR CHOICE, HEALTH CARE, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **YOUR HOME YOUR CHOICE, HEALTH CARE, INC.** is in good standing with the Rhode Island Division of Taxation as of **04/08/2019**. 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,

CHERI OCONNOR
Supervising Revenue Officer

Neena Savage
Tax Administrator

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