



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 NOV 12 PM 1:55

FOR  
SECRETARY OF STATE  
USE ONLY

## Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following  
Articles of Dissolution:

1. Entity ID Number. <b>000117017</b>	2. The name of the limited liability company is: <b>DIAGNOSTIC EVALUATION INSTITUTE, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>02-21-2001</b>	
4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto:  <b>ARTICLES OF AMENDMENT FILED: 07/18/2005 AND 01/12/2007</b> <b>STATEMENTS OF CHANGE OF REGISTERED AGENT FILED 07/02/2008 AND 05/10/2012</b> <b>STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS NAME FILED 08/04/2014</b>	
5. The reason(s) for filing the Articles of Dissolution are  <b>THE LLC HAS DISCONTINUED ALL BUSINESS ACTIVITIES</b>	
6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth:	
7. As required by RIGL <u>7-16-8</u> , the entity has paid all fees and franchise taxes. RI Division of Taxation's <b>ORIGINAL</b> letter of good standing (LOGS) for the purpose of dissolution <b>MUST</b> accompany this form	

### MAIL TO:

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

FILED  
STAMP

NOV 12 2019

FOR  
SECRETARY OF STATE  
USE ONLY

BY M GAKBW  
1:55

8. Date when these Articles of Dissolution will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Effective date (which shall be a date certain) \_\_\_\_\_

*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.*

Type or Print Name of LLC

DIAGNOSTIC EVALUATION INSTITUTE, LLC

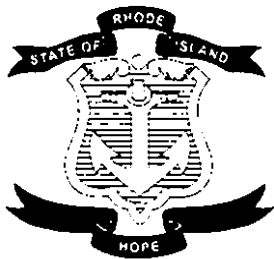
Date

x 11/17/2015

Signature of Authorized Person

SIGN DOCUMENT HERE

x 



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

SINEL, WILFAND & VINCE CPA'S  
ATTN: LEO J PROULX  
1150 NEW LONDON AVE STE 130  
CRANSTON, RI 02920-3036

117017

## LETTER OF GOOD STANDING

It appears from our records that **DIAGNOSTIC EVALUATION INSTITUTE, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **DIAGNOSTIC EVALUATION INSTITUTE, LLC** is in good standing with the Rhode Island Division of Taxation as of **11/01/2019**. 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,

  
CHRISTINE GIRARD  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

050517316:15467079  
DLN: 10006452652

FILED  
NOV 12 2019  
BY  GAKBW