



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

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 R.I. DEPT. OF STATE  
 BUS SVCS. DIV  
 2020 JAN 14 PM 12:29

**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: <b>000015407</b>	2. The name of the corporation is: <b>WAKE FIELD PRESCRIPTION CENTER, LTD.</b>
3. The dissolution was approved by (CHECK ONE): <input checked="" type="checkbox"/> consent of the shareholders pursuant to RIGL <u>7-1.2-1302</u> . OR <input type="checkbox"/> an act of the corporation pursuant to RIGL <u>7-1.2-1303</u> .	
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 <u>7-1.2-1309</u> , the corporation has paid all fees and 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.
8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b> <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 <b>JOEL S. RITTNER</b>	Date <b>12/6/19</b>
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](http://www.sos.ri.gov)

**FILED**

JAN 14 2020

BY 67805  
**A.A. 12:29 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](mailto:corporations@sos.ri.gov).



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

MARCUM, LLP  
ATTN: SAL SANTILLI, CPA  
155 S MAIN ST STE 100  
PROVIDENCE, RI 02903-2963

I.D.# 15407

## LETTER OF GOOD STANDING

It appears from our records that **WAKEFIELD PRESCRIPTION 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. **WAKEFIELD PRESCRIPTION CENTER INC** is in good standing with the Rhode Island Division of Taxation as of **01/03/2020**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

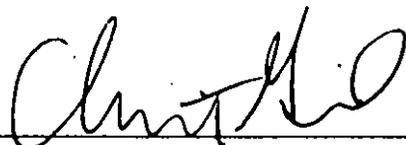
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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

  
Necna Savage  
Tax Administrator

050347645:15571517  
DLN: 10006874709



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:

January 14, 2020 12:29 PM

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

Nellie M. Gorbea  
*Secretary of State*

