

# State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

992614

Fee: \$10.00

Non-Profit Corporation Articles of Dissolution

(Section 7-6-54 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I** 

The name of the corporation is **RHODE ISLAND PATIENT ASSOCIATION** 

#### **ARTICLE II**

A resolution to dissolve the corporation was adopted in the following manner:

# (check one box only)

X The resolution to dissolve the corporation was adopted at a meeting of members held on 12/15/2018, 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.

\_\_ The resolution to dissolve the corporation was adopted by a consent in writing on , signed by all members entitled to vote with respect thereto.

\_\_\_ The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on , and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

#### **ARTICLE III**

All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore.

## **ARTICLE IV**

The plan of distribution, if any, adopted by the corporation is as follows:

# [Insert Plan of Distribution]

(if no plan of distribution was adopted, so state.)

**FILED** 

JUN 17 2020 2:43 P

BYPOLING

# NO PLAN

#### **ARTICLE V**

All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of Chapter 7-6.

## **ARTICLE VI**

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 judgement, order or decree, which may be entered against it.

Signed this 17 Day of June, 2020 at 2:43:53 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

RI Integrated Medical Foundation Corporate Name

By	<u>WILI</u>	.IAM	COI	TON
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X President or \_\_ Vice President (check one)

<u>AND</u>

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# By AMANDA SIMMONS

X Secretary or Assistant Secretary (check one)

Form No. 203 Revised 09/07

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