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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Non-Profit Corporation

 \rightarrow Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-54</u>, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number:	2. The name of the corporation is: CRANS RESPONSIBLE ZONIN	STON CITIZENS FOR G & DEVELOPMENT, INC.
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY		
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.		
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.		
4. Has the corporation adopted a plan of distribution? Yes 🔀 or No 🗌 If yes please attach the plan and check the box to indicate the attachment.		
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 <u>7-6</u> . 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 A AC-TING PRES PAND VICE PRT	א געי ד	AV15 6/27/2020
Signature of Testgent or Vice Provident		
Type or Print the Name of the Statetary	AREN AREN	Date 6/27/2020
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

JUN 29 2020

FILED

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.

EORM 203 - Revisord 11/2017

CRANSTON CITIZEDS FOR RESPONSIBLE ZONING & DEVERAPHENT ID# 95103 ATTACHMENT TO FORM 203 RE. ITEM #4 CORP'S ONLY ASSET IS A CHECKING ACCOUNT AF CITIZENS BARK WITH A BALANCE 0F-21.22 AFTER ENCLOSING THE 10 FILING FEE THE \$11.22 BALANCE WILL BE DONATED TO THE R.I. COMMUNITY FOOD BANK _____ _____



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:

June 29, 2020 11:15 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

