



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

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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: <i>000849452</i>	2. The name of the limited liability company is: <i>SILVER MOON, LLC</i>
3. The date of filing of its original Articles of Organization was: <i>10/24/2013</i>	
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: <ul style="list-style-type: none"> • Articles of Organization - <i>10/24/2013</i> • Articles of Amendment - <i>9/2/2014</i> • Articles of Amendment - <i>9/24/2015</i> <ul style="list-style-type: none"> • Statement of change of Registered/Resident Agent office - <i>8/20/2018</i> 	
5. The reason(s) for filing the Articles of Dissolution are: <i>Inactive</i>	
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: <i>N/A</i>	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability company has paid all fees and taxes. [Note: tax status can be verified at taxportal.ri.gov]	

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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BY *[Signature]* SKNY
12:14

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"/> Effective date (which shall be a date certain) _____	
<i>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.</i>	
Type or Print Name of LLC SILVER MOON, LLC	Date 8/19/2020
Signature of Authorized Person 	



State of Rhode Island
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,
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:

August 21, 2020 12:14 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

