



State of Rhode Island

Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV
2020 SEP 30 AM 9:46

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

| | |
|--|---|
| 1. Entity ID Number: 000507714 | 2. The name of the limited liability company is: BRIDGE MANAGEMENT CONSULTANTS LLC |
| 3. The date of filing of its original Articles of Organization was: 06/18/2009 | |
| 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: 5/18/2010 6/18/2012 | |
| 5. The reason(s) for filing the Articles of Dissolution are: Business has discontinued operations. | |
| 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: NONE | |
| 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

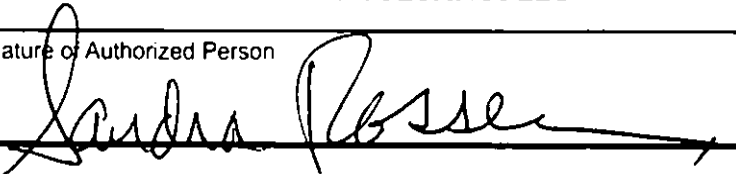
FILED

SEP 30 2020

KL 1GBKP
9:46

STAMP

SECRETARY OF STATE
DIVISION

| | |
|---|------------|
| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY | |
| <input checked="checked" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> 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 | Date |
| BRIDGE MANAGEMENT CONSULTANTS LLC | 09/28/2020 |
| Signature of Authorized Person | |
|  <i>SANDRA ROSSEN, MEMBER</i> | |



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:

September 30, 2020 09:46 AM

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

Nellie M. Gorbea
Secretary of State

