RI SOS Filing Number: 202069719200 Date: 10/29/2020 11:19:00 AM



State of Rhode Island

Department of State - Business Services Division

Articles of Dissolution

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Articles of Dissolution				STAMP
DOMESTIC Non-Profit Corp	oration			···•
→ Filing Fee: \$10.00				SPOTTIARY OF THE STATE OF THE S
Pursuant to the provisions of RIG of Dissolution for the purpose of d	L <u>7-6-54,</u> the undersign	ed corporation adopts the followin:	ng Articles	ATE &
1. Entity ID Number:	2. The name of the co	prporation is:		
528694	Criminal Division Alum	nni Association		
3. A resolution to dissolve the co	rporation was adopted i	n the following manner: CHECK	ONE BOX O	NLY
	present, and the resolu	led at a meeting of members heloution received at least a majority are entitled to cast.		, at vhich members
The resolution to dissolve the by all members entitled to vo	e corporation was adopt te with respect thereto.	ted by a consent in writing on		, signed
The resolution to dissolve the October 9, 2020 entitled to vote with respect t	, and received the vo	ted at a meeting of the board of ote of a majority of the directors in	firectors held on office, there	on being no members
4. Has the corporation adopted a indicate the attachment.	plan of distribution? Ye No assets or lia	es or No / If yes please atta	sch the plan a	nd check the box to
 All debts, obligations, and liable made therefore. All of the remain in accordance with the provisions which adequate provision has no against it. 	iing property and assets s of RIGL 7-6. There are	s of the corporation have been transported to the contract the contrac	ansferred, cor propration in a	nveyed or distributed ny court in respect of
Under penalty of perjury, we dec accompanying attachments, and	lare and affirm that we l that all statements con	have examined these Articles of tained herein are true and correc	Dissolution, in	cluding any
Type or Print the Name of President	or Vice President		Date	
David Morowitz			X	0/23/2020
Signature of President or Vice President			,	, ,
		<u></u>		
Type or Print the Name of the Secretary James W. Ryan	☑ prassistant Secretary □		Date /	0/13/20
Signature of Secretary or Assistant Secre	etary la Rigar			
WO SIGNATURES ARE REQUIRED			_	
MAII TO			FILE	DM
MAIL TO: Division of Business Services			AAT A 'A	STAMP
Pivision of Business Services 148 W. River Street, Providence, Rho	de Island 02904-2615		OCT 29	
Phone: (401) 222-3040	02007 2010	_	Neel	14BB7

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAIL TO:

BY UV VITA

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.

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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:

October 29, 2020 11:19 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

