



State of Rhode Island

**Department of State - Business Services Division**

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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FOR  
SECRETARY OF STATE  
USE ONLY

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

1. Entity ID Number: 001688092	2. The name of the limited liability company is: SiteScapes Real Estate Holdings, LLC
3. The date of filing of its original Articles of Organization was: September 11, 2018	
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: N/A	
5. The reason(s) for filing the Articles of Dissolution are: The LLC is inactive.	
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:	
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 <a href="http://taxportal.ri.gov">taxportal.ri.gov</a> .]	

**MAIL TO:**

**Division of Business Services**

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

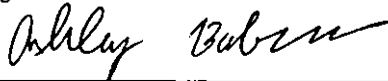
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FOR  
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8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Effective 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 SiteScapes Real Estate Holdings, LLC	Date December 7, 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:

December 16, 2020 01:41 PM

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

Nellie M. Gorbea  
*Secretary of State*

