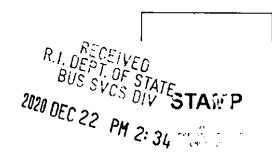
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## **Department of State - Business Services Division**



## **Articles of Dissolution**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$50.00

| Pursuant to the provisions of RIGL <u>7-1,2-1308</u> and <u>7-1,2-1309</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: |   |            |
| 001337816  | OLNEYVILI.E TIRE & AUTO TBA INC    |   |            |
| 3. The dissolution was approved by (CHECK ONE):  |                                    |   |            |
| consent of the shareholders pursuant to RIGL <u>7-1.2-1302</u> .  OR  an act of the corporation pursuant to RIGL <u>7-1.2-1303</u> .   |                                    |   |            |
| 4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.   |                                    | 5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.  |            |
| 6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgement, order, or decree which may be entered against it in any pending suit.  |                                    | 7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL <u>7-1,2-1309</u> , the corporation has paid all fees and taxes. [Note: tax status can be verified at taxportal.ri.gov.] |            |
| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY   |                                    |   |            |
| ☑ Date received (Upon filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more than 90 days from the date of filing)  ☐ Later effective date (Date must be no more date must be      |                                    |   |            |
| Under penalty of perjury, I/we declare and affirm that I/we 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 Authorized Officer   |                                    |   | Date       |
| Arline Elman   |                                    |   | 12/10/2020 |
| Signature of Authorized Officer of the Corporation  White Employees the Corporation of th |                                    |   |            |

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 STA....3
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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:

December 22, 2020 02:34 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

