

R.I. FILED
BUS. SVCS. DIV.
2021 MAR 12 PM 12:35



State of Rhode Island
Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-54, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1 Entity ID Number 001665865	2 The name of the corporation is Hand In-Hand Heroes Inc.
3 A resolution to dissolve the corporation was adopted in the following manner. CHECK ONE BOX ONLY	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of members held on _____ at which meeting a quorum was present, and the resolution received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted by a consent in writing on _____ signed by all members entitled to vote with respect thereto.	
<input checked="" type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on <u>Nov 30, 2017</u> and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.	
4. Has the corporation adopted a plan of distribution? Yes <input type="checkbox"/> or No <input checked="" type="checkbox"/> If yes please attach the plan and check the box to indicate the attachment <input type="checkbox"/>	
5 All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore. All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of RIGL 7-6-5. There are no suits pending against the corporation in any court in respect of which adequate provision has not been made for the satisfaction of any judgment, order or decree, which may be entered against it.	
Under penalty of perjury, we declare and affirm that we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print the Name of President <input checked="" type="checkbox"/> or Vice President <input type="checkbox"/> <u>Davis, Sabrina Claire J.</u>	Date 2/24/2021
Signature of President or Vice President 	
Type or Print the Name of the Secretary <input type="checkbox"/> or Assistant Secretary <input type="checkbox"/> <u>de la Jungue, Mary Grace S.</u>	Date 2/24/2021
Signature of Secretary or Assistant Secretary 	

TWO SIGNATURES ARE REQUIRED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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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FORM 203 - Revised 08/07/20



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:

March 12, 2021 12:35 PM

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

Nellie M. Gorbea
Secretary of State

