

State of Rhode Island

## Department of State - Business Services Division

## **Articles of Dissolution**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

| ursuant to the provisions of RIGL <u>7-16-47</u> , the undersigned hereby submits the following urticles of Dissolution:                               | <u> </u>                                 |
|--|--|
| 1. Entity ID Number: 2. The name of the limited liability company is:  COQ 798047 Gaggle Hogo tall Group LLC.  |  |
| 3. The date of filing of its original Articles of Organization was:  | 2013                                     |
| 4. The dates of filing of all amendments to the original Articles of Organization or the most recent resta   | tement, if any, and                      |
| all subsequent amendments thereto:   |  |
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| 5. The reason(s) for filing the Articles of Dissolution are:   | 20 F                                     |
| covid 19 closed Business   | RECEIVELL RECEIVE R.I. DEPT. OF BUS SVCS |
| is a which the members or authorize  | and newson statistics the                |
| 6. State any other information or provision, not inconsistent with law, which the members or authorized<br>Articles of Dissolution elect to set forth: | ည်း<br>သ<br>()                           |
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| 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIC  | SL <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

FORM 404- Revised: 08/2020

| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY   |                                    |
|--|------------------------------------|
| Date received (Upon filing)  | <del></del>                        |
| Effective date (which shall be a date certain)   |                                    |
| Under penalty of perjury, I declare and affirm that I have examined these Articles of Di accompanying attachments, and that all statements contained herein are true and cor | issolution, including any<br>rect. |
| Type or Print Name of LLC Gaggle Hospitalin alRow LLC  | 3/9/202/                           |
| Signature of Authorized Person   |                                    |

RI SOS Filing Number: 202195433740 Date: 4/2/2021 9:30:00 AM



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:

April 02, 2021 09:30 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

