



State of Rhode Island

**Department of State - Business Services Division**

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 APR 22 AM 8:57 **STAMP**

NO STAMP REQUIRED  
FOR THIS FILING

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

1. Entity ID Number. 001678236	2. The name of the limited liability company is: THE NEW PROVIDENCE PARTNERS, LLC
3. The date of filing of its original Articles of Organization was: 23 Day of October, 2017	
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:	
5. The reason(s) for filing the Articles of Dissolution are: The entity has ceased operations.	
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)

**FILED**

**APR 22 2021**

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8. Date when these Articles of Dissolution will be effective: **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)

☒ Effective date (which shall be a date certain) 12/31/2020

*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.*


Type or Print Name of LLC

THE NEW PROVIDENCE PARTNERS, LLC

Date

12/31/2020

Signature of Authorized Person

 JUSTIN SPRAGUE



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:

April 22, 2021 08:57 AM

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

Nellie M. Gorbea

*Secretary of State*

