



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 MAY 18 PM 12:44

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: <i>001702454</i>	2. The name of the limited liability company is: <i>Mercy and Love Companion Care LLC.</i>
3. The date of filing of its original Articles of Organization was:	
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: <i>The Covid Pandemic 19. I never do any Business. for all this time company do not make any money. Not Income.</i>	
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: <i>Rhode Island.</i>	
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 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

FILED

MAY 18 2021

BY *[Signature]* BE EIN
12:44

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) _____

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

Mercy and Love Companion Care LLC.

Date

5-1-21

Signature of Authorized Person

Anabella Mendez. -



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:

May 18, 2021 12:44 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

