



State of Rhode Island  
Department of State - Business Services Division



**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.

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



1. Entity ID Number: 001705777	2. The name of the limited liability company is: Pawtucket Management, LLC
3. The date of filing of its original Articles of Organization was: 03/06/2020	
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: n/a	
5. The reason(s) for filing the Articles of Dissolution are: Company never conducted business.	
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  
JUL 02 2021 STAMP  
BY CH H N B N J  
1:17

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

Eric M. Simon

Date

07/02/2021

Signature of Authorized Person



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](mailto:corporations@sos.ri.gov).

FORM 404- Revised. 08/2020



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:

July 02, 2021 01:17 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

