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|--|---|--|--|
| State of Rhode Island  | - Business Services Division  | [                                      |  |
| Department of State  | - Dusiliess Selvices Division   |  |  |
|  |   | RECEIVED                               |  |
| Articles of Dissolution  |   | R.I. DEPT. OF STATE MP<br>BUS SVCS DIV |  |
| DOMESTIC Limited Liability   | Company   |  |  |
| → Filing Fee: \$50.00  |   | 2021 JUL 26 A 9 18                     |  |
| Pursuant to the provisions of RIGL<br>Articles of Dissolution:   | 7-16-47, the undersigned hereby submits the following   | 9                                      |  |
| 1. Entity ID Number:   | 2. The name of the limited liability company is:  |  |  |
| 001723988  | Guiding Light Candle Company LLC  |  |  |
| 3. The date of filing of its original Articles of Organization was: 05-13-2021                                 |   |  |  |
| all subsequent amendments then<br>7/25/2021<br>5. The reason(s) for filing the Artic<br>Disolving the business | ¢.  |  |  |
| 6. State any other information or<br>Articles of Dissolution elect to set                                      | provision, not inconsistent with law, which the member<br>forth:  | s or authorized person signing the     |  |
|  | ertifies that it has no outstanding tax obligations. As rec<br>and taxes. [Note: tax status can be verified by emailing |  |  |

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

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FORM 404- Revised: 07/2021

| 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) 7/25/2021  |                                    |                                       |  |  |
| Under penalty of perjury, I declare and affirm the accompanying attachments, and that all stater. | hat I have examined these Articles |                                       |  |  |
| Name of Authorized Person   | Street Address                     | Street Address                        |  |  |
| Derek J. Picard   | 39 Richland Ro                     | 39 Richland Rd                        |  |  |
| City/Town   | State                              | Zip Code                              |  |  |
| Cranston  | RI                                 | 02910                                 |  |  |
| Signature of Authorized Person  |                                    | Date<br>7/25/2021                     |  |  |
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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 26, 2021 09:18 AM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

