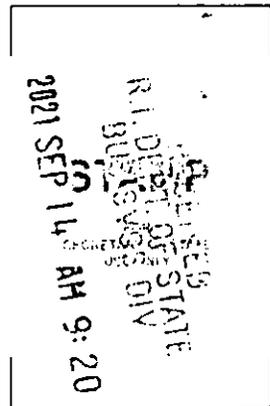




State of Rhode Island
Department of State - Business Services Division



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:

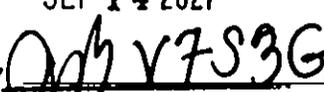
1. Entity ID Number: 000133430	2. The name of the limited liability company is: INDIAN VALLEY LLC
3. The date of filing of its original Articles of Organization was: 07/18/2003	
4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto: N/A	
5. The reason(s) for filing the Articles of Dissolution are: CEASED BUSINESS; RETIRED.	
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: N/A	
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 by emailing tax.collections@tax.ri.gov.]	

9:20

STAMP
FILED

FILED
SECRETARY OF STATE

SEP 14 2021

BY 

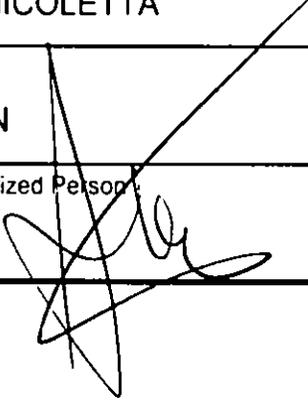
MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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.

Name of Authorized Person ANDREW F. NICOLETTA		Street Address 216 GRAY CRAIG ROAD	
City/Town MIDDLETOWN	State RI	Zip Code 02842	
Signature of Authorized Person 		Date 09/10/21	



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:

September 14, 2021 09:20 AM

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

Nellie M. Gorbea
Secretary of State

