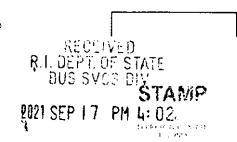


## **Articles of Dissolution**

**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: 2. The name of the limited liability company is: 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: The Business is closing 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 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.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

FORM 404- Revised: 07/2021

Date received (Upon filing)		
Effective date (which shall be a date certain)		-
Under penalty of perjury, I declare and affirm that accompanying attachments, and that all statemen		
Name of Authorized Person  * Sherry JACKSON	Street Address 108 Camp	Inclee ROAD
CHYTOWN WAKE SHELD	State	Zip Code 02879
Signature of Authorized Person  **The Company of Authorized Person	r	9-13-21