



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 SEP 21 PM 2:40

**Business Corporation
 Articles of Dissolution
 Filing Fee: \$50.00**

Pursuant to the provisions of Sections 7-1.2-1308 and 7-1.2-1309 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID No. <u>105307</u>		2. The name of the corporation is: <u>WARREN HOUSE OF PIZZA, INC</u>	
3. The dissolution was approved by (check one): <input checked="" type="checkbox"/> consent of the shareholders pursuant to the provisions of Section 7-1.2-1302. or <input type="checkbox"/> by an act of the corporation pursuant to the provisions of Section 7-1.2-1303.			
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.			
5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.			
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against it in any pending suit.			
7. As required by Section 7-1.2-1309 of the General Laws, the corporation has paid all fees and franchise taxes.			
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date Received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____			
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.			
Signature of Authorized Officer of the Corporation 		Type or Print Name of Authorized Officer <u>MARIA ANTONIADIS</u>	Date <u>9-21-21</u>

FILED
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 BY CA WXIIN
2:40



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 21, 2021 02:40 PM

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

Nellie M. Gorbea
Secretary of State

