



State of Rhode Island
Department of State - Business Services Division

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2021 SEP 30 AM 10:19

Articles of Dissolution

DOMESTIC Limited Liability Company

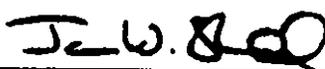
→ Filing Fee: \$50.00

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

| | |
|--|---|
| 1. Entity ID Number: 000605619 | 2. The name of the limited liability company is: DISTINCTIVE YACHT SERVICES, LLC |
| 3. The date of filing of its original Articles of Organization was: 03/15/2011 | |
| 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: BUSINESS CLOSED | |
| 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.] | |

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

10:19
FILED
SEP 30 2021
BY *[Signature]*

| | | |
|--|--------------------------------------|----------|
| 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"/> Effective date (which shall be a date certain) _____ | | |
| <i>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.</i> | | |
| Name of Authorized Person | Street Address | |
| JAMES W SHONDEL | 137 1/2 WASHINGTON AVENUE, SUITE 312 | |
| City/Town | State | Zip Code |
| BELLEVILLE | NJ | 07109 |
| Signature of Authorized Person | Date | |
|  | 09/29/2021 | |

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.



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 30, 2021 10:19 AM

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

Nellie M. Gorbea
Secretary of State

