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State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 OCT -1 PM 12:20

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: 001659257	2. The name of the limited liability company is: Agrodemey, LLC
3. The date of filing of its original Articles of Organization was: 01 04-2016	
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: The name was changed from: WT Digital Solutions, LLC on 02-20-2020 The name was changed from: Carey Street Cottage, LLC on 11-17-2017 The name was changed from: Unharbored Brewing Company, LLC on 06-23-2016	
5. The reason(s) for filing the Articles of Dissolution are: <i>No longer doing business.</i>	
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: NA	
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 at taxportal.ri.gov .]	

12:20

FILED

OCT 01 2021

BY *JRW5RMQ*

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	
<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>	
Type or Print Name of LLC Agrodemmy LLC	Date 10/1/2021
Signature of Authorized Person	<div style="border: 1px solid black; padding: 2px;"><p style="margin: 0;">DocuSigned by:</p><p style="margin: 0; font-size: small;">0EBFE5A2370C455</p></div>



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:

October 01, 2021 12:20 PM

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

Nellie M. Gorbea
Secretary of State

