



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:

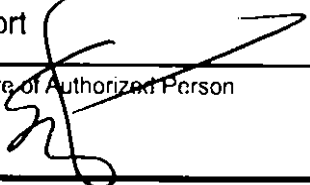
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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 OCT 15 PM 1:09

1. Entity ID Number: <b>000148240</b>	2. The name of the limited liability company is: <b>PARK PLACE HOLDINGS, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>05/20/2005</b>	
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: <b>06/29/2005 ARTICLES OF AMENDMENT</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>SOLD ENTITY AND LLC IS NO LONGER NEEDED.</b>	
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 <u>7-16-8</u> , the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	

**MAIL TO:**

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

**FILED**  
OCT 15 2021  
BY *[Signature]* 1:09

8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>		
<input checked="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	
Stephen Seiter	203 Coggeshall Ave.	
City/Town	State	Zip Code
Newport	RI	02840
Signature of Authorized Person		Date
		13 Oct 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:

October 15, 2021 01:09 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

