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## Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Articles of Dissolution.

Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following 1. Entity ID Number. 2. The name of the limited liability company is: 001680162 CW FULLFILLMENT LLC

3. The date of filing of its original Articles of Organization was: 01-04-2018

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 was closed on 11/9/2021 due to loss business.

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 at taxportal 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 FILED

NOV 1 9 2021

FORM 404- Revised: 08/2020

8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY	
x Date received (Upon filing)	
Effective date (which shall be a date certain)	
Under penalty of perjury, I declare and affirm that I have examined these Articl accompanying attachments, and that all statements contained herein are true	
Type or Print Name of LLC	Date
CW FULLFILLMENT LLC	11/9/2021
Signature of Authonzed Person	
Cuihong Hui	

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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:

November 19, 2021 03:49 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

