



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:

1. Entity ID Number: <b>000663900</b>	2. The name of the limited liability company is: <b>Lakeshore Associates LLC</b>
3. The date of filing of its original Articles of Organization was: <b>5/13/2011</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>N/A</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>Closing the business</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: <b>N/A</b>	
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> ]	

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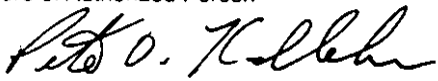
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**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

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BY ALH6V  
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8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>		
<input type="checkbox"/> Date received (Upon filing)		
<input checked="" type="checkbox"/> Effective date (which shall be a date certain) <u>12/31/2021</u>		
<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	
Peter Kelleher	45 Kathy Trail	
City/Town	State	Zip Code
Uxbridge	MA	01569
Signature of Authorized Person		Date
		11/3/2021



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:

November 29, 2021 12:51 PM

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

Nellie M. Gorbea  
*Secretary of State*

