



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2021 DEC -6 PM 3:00 STAMP

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: 001702466	2. The name of the limited liability company is: Thrive Fitness Studio, LLC
3. The date of filing of its original Articles of Organization was: 12/5/2019 Effective Date 01/02/2020	
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: 10/18/2021 Statement of Change of Address of the Resident Agent.	
5. The reason(s) for filing the Articles of Dissolution are: Discontinued business operations in the State of Rhode Island.	
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.]	

3:05

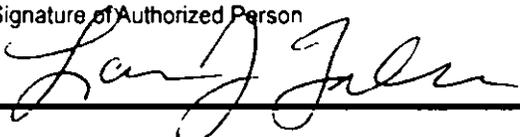
FILED

STAMP

DEC 6 2021

BY LE VP EXP

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>		
Name of Authorized Person	Street Address	
Lauren J. Falcone	4 Saint Anna Avenue	
City/Town	State	Zip Code
Bristol	Rhode Island	02809
Signature of Authorized Person		Date
		11/30/21



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:

December 06, 2021 03:05 PM

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

Nellie M. Gorbea
Secretary of State

