



State of Rhode Island

Department of State - Business Services Division



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R.I. DEPT. OF STATE
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Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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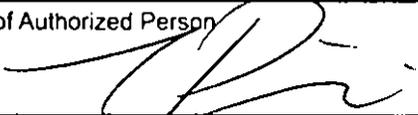
Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following Articles of Dissolution:



1. Entity ID Number: <i>001693366</i>	2. The name of the limited liability company is: <i>Talia Pirri Photography LLC</i>
3. The date of filing of its original Articles of Organization was: <i>2/27/2019</i>	
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: <i>2020 Annual Report - Included</i> <i>2021 Annual Report - Included</i> <i>Article of Reinstatement LOGS - Included</i> <i>Article of Dissolution</i>	
5. The reason(s) for filing the Articles of Dissolution are: <i>LLC not needed and will be operating as a Sole Proprietorship.</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:	
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 by emailing tax.collections@tax.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 *m*
DEC 23 2021
BY *Ch T555J*
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8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY		
<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	
Talia Pirri	96 Tomahawk Trail	
City/Town	State	Zip Code
Cranston	RI	02921
Signature of Authorized Person		Date
		12/20/2021



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:

December 23, 2021 08:41 AM

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

Nellie M. Gorbea
Secretary of State

