



State of Rhode Island

Department of State - Business Services Division

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2022 DEC -8 AM 10:13

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: <i>000794927</i> | 2. The name of the limited liability company is: <i>Simply Natural, LLC</i> |
| 3. The date of filing of its original Articles of Organization was: <i>12/7/2012</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: | |
| 5. The reason(s) for filing the Articles of Dissolution are: <i>Business Closed February 1, 2021</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

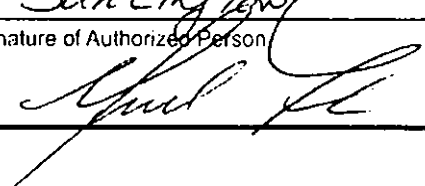
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BY

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10/15/21

| | | |
|--|--------------------------|----------|
| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY | | |
| <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 | |
| GERALD FORTIN | 234 Spielman Hwy Unit 17 | |
| City/Town | State | Zip Code |
| Burlington | CT | 06013 |
| Signature of Authorized Person | | Date |
|  | | 12/15/22 |



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 08, 2022 10:15 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the Seal of the State of Rhode Island.

Nellie M. Gorbea
Secretary of State

