



State of Rhode Island

Department of State - Business Services Division

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

STAMP

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

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

1. Entity ID Number: 001680097	2. The name of the limited liability company is: Claudette's Landscaping, LLC
3. The date of filing of its original Articles of Organization was: 01/02/18	
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: Retiring	
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.]	

2022 DEC -9 P 12:45

**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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FORM 404- Revised 07/2021

**FILED**

DEC 09 2022

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A.A. 12:45 pm

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>December 31, 2022</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	
Claudette Lavallee	PO Box 7462	
City/Town	State	Zip Code
Cumberland	RI	02864
Signature of Authorized Person		Date
		12/7/2022

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 404- Revised 07/2021



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 09, 2022 12:45 PM

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

Nellie M. Gorbea  
*Secretary of State*

