

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

## RECEIVED S.I. DEPT. OF STATE EUS SVOS DIV STAMP 2023 JAN 12 A ID: 37

## Articles of Dissolution

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

	Articles of Dissolution:			
	1. Entity ID Number:	2. The name of the limited liability company is:		
	001742791	FUNGTONS SOFTDIAN LLC		
	3. The date of filing of its original Articles of Organization was: 7-1-72			
	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:			
	Not able to stat business due to inspermovance			
	Not one to our monthess one to moho monarior			
	Policy.			
	<b>,</b>			
S				
	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 lightlift, someone			
	in the ilmited liability company of liability company has paid all fees	ertifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited s and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]		
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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

8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Effective date (which shall be a date certain)				
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.				
Name of Authorized Person	Street Address			
Zulevika Montero	560 Prospect 6	<u> </u>		
City/Town	State	Zip Code		
Pawtocket	RI	02860		
Signature of Authorized Person	·	Date		
Teuxeura Monteve		1-10-22		