

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

Tyler LaValley

13 Lynn Lane

City/Town

State

Zip Code

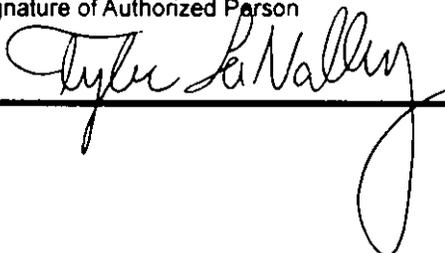
Ashaway

RI

02804

Signature of Authorized Person

Date



1/14/22



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 17, 2023 02:51 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

