



State of Rhode Island

Department of State - Business Services Division

## Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.  
2023 JAN 20 P 2:26

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

1. Entity ID Number. <b>001706502</b>	2. The name of the limited liability company is: <b>Campbell Equity Partners LLC</b>
3. The date of filing of its original Articles of Organization was:	
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:  <b>N/A</b>	
5. The reason(s) for filing the Articles of Dissolution are:  <b>No longer doing business</b>	
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 <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	

### MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED  
STAMP  
JAN 20 2023  
BY ML KB20W  
2:29

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

James Jay Campbell

Street Address

483 River Road

City/Town

Lincoln

State

RI

Zip Code

02865

Signature of Authorized Person

*James J. Campbell*

Date

1/20/23



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 20, 2023 02:29 PM

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

Gregg M. Amore  
*Secretary of State*

