



State of Rhode Island

Department of State - Business Services Division

## Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

1. Entity ID Number: 0001746782	2. The name of the limited liability company is: Venture Solutions LLC
3. The date of filing of its original Articles of Organization was: 5/23/22	
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:  N/A - none	
5. The reason(s) for filing the Articles of Dissolution are:  No progress / No longer interested	
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.  N/A - none	
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

FILED 1143  
JAN 25 2023 MP  
BY KZ182

8. Date when these Articles of Dissolution will be effective. <b>CHECK ONE BOX ONLY</b>		
<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 <b>Nikolas Gilbert</b>	Street Address <b>55 Northup Ave</b>	
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02904</b>
Signature of Authorized Person <b>Nikolas Gilbert</b>		Date <b>1/25/23</b>



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 25, 2023 11:43 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

