



State of Rhode Island

Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
R.I. 02882

### Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee \$50.00

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

1. Entity ID Number: 001705959	2. The name of the limited liability company is: Carelink Collaborative Pharmacy LLC
3. The date of filing of its original Articles of Organization was: 3/12/2020	
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: The entity is no longer doing business.	
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.]	

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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8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>		
<input 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	Street Address	
Carol Smith	9 Buckskin Drive	
City/Town	State	Zip Code
Mansfield	MA	02048
Signature of Authorized Person	Date	
✓ <i>Carol Smith</i>	✓ <i>2/27/2023</i>	