



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 DIVISION

2023 FEB 13 AM 11:12

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

1. Entity ID Number: <b>001740363</b>	2. The name of the limited liability company is: <b>LAFALIA Properties, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>05-12-2022</b>	
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>NONE</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>LAFALIA Properties, LLC Has been dissolved</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:  <b>_____</b>	
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**  
**FEB 13 2023**  
**BY ML Y2WWJ**  
**11:12**

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	Street Address	
Robert A. LaFazia	75 South Bennett Dr.	
City/Town	State	Zip Code
Johnston	Rhode Island	02919
Signature of Authorized Person		Date
Robert A. LaFazia		01-17-23



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:

February 13, 2023 11:12 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

