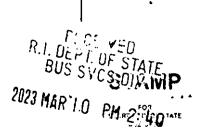


## **Articles of Dissolution**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL Articles of Dissolution:	. <u>7-16-47</u> , the undersigned hereby submits the following	<u> </u>	
1. Entity ID Number:	2. The name of the limited liability company is:		
000165354	BuilDingBridges 2012	MC	
3. The date of filing of its original Articles of Organization was: 7/2/3/2007			
4. The dates of filing of all amend	ments to the original Articles of Organization or the most recen-	t restatement, if any, and	
all subsequent amendments then	eto:	•	
		<del></del>	
5. The reason(s) for filing the Artic	des of Dissolution are:	•	
moving			
<b>)</b>			
6. State any other information or	provision, not inconsistent with law, which the members or auth	norized person signing the	
Articles of Dissolution elect to set	forth:		
	Joy Pettirossi-Poland	<u> </u>	
	$\sigma$		
7 The limited liability company of	ertifies that it has no outstanding toy obligations. As required by	PIGL 7-16-9 the limited	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , 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 FILEDTAMP

MAR 10:2023 61 57 ATT

A.A. 2:40 PM

FORM 404- Revised: 07/2021

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) $\frac{g}{ g }$	2023			
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  Market 170561 — Polymin	Street Address 37 CVCVM	BER HILL RI		
HUSTER, PI 02825	State	2ip Code 02725		
Signature of Authorized Person	D	Date 1 25 200 =		
		7 /		