



State of Rhode Island  
Department of State - Business Services Division

**Articles of Dissolution**  
DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

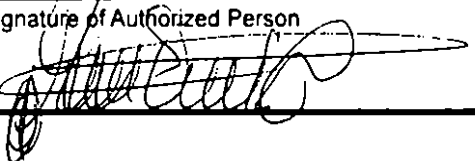
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Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following  
Articles of Dissolution:

|                                                                                                                                                                                                                                                                                                           |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. Entity ID Number:<br><b>001747903</b>                                                                                                                                                                                                                                                                  | 2. The name of the limited liability company is:<br><b>Clean House LLC</b> |
| 3. The date of filing of its original Articles of Organization was: <b>10-29-2022</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:<br><br><b>N/A</b>                                                                                                                        |                                                                            |
| 5. The reason(s) for filing the Articles of Dissolution are:<br><br><b>Not need it any more</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:<br><br><b>N/A</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)

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|                                                                                                                                                                                                                  |                |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|
| 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 |           |
| America Ochoa Cabrera                                                                                                                                                                                            | 7 Berclay st.  |           |
| City/Town                                                                                                                                                                                                        | State          | Zip Code  |
| Johnston                                                                                                                                                                                                         | RI             | 02919     |
| Signature of Authorized Person                                                                                                                                                                                   |                | Date      |
|                                                                                                                                 |                | 4/27/2023 |



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:

April 27, 2023 03:52 PM

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

Gregg M. Amore  
*Secretary of State*

