



State of Rhode Island

Department of State - Business Services Division

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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: 001725629 | 2. The name of the limited liability company is: Newport Center Investors LLC |
| 3. The date of filing of its original Articles of Organization was: 06-17-2021 | |
| 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: 06-17-2021, Certificate of Correction, original filing had a typo | |
| 5. The reason(s) for filing the Articles of Dissolution are: Real owned by the LLC has been sold. | |
| 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: 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

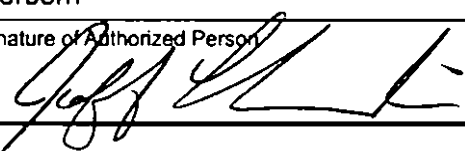
Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY A 7AC4F

| | | |
|--|----------------|------------|
| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY | | |
| <input type="checkbox"/> Date received (Upon filing) | | |
| <input checked="" type="checkbox"/> Effective date (which shall be a date certain) <u>04-27-2023</u> | | |
| <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 | |
| Jeffrey K Charneski | 214 Farm Road | |
| City/Town | State | Zip Code |
| Sherborn | MA | 01770 |
| Signature of Authorized Person | | Date |
|  | | 04-27-2023 |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 404- Revised: 07/2021



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:

May 01, 2023 02:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

