



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 DIV

2023 MAY 19 "A" 8:35

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

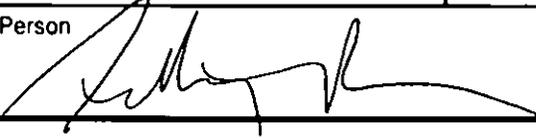


1. Entity ID Number: 000145031	2. The name of the limited liability company is: ANGELL FARM ESTATES, LLC
3. The date of filing of its original Articles of Organization was: 01-05-2005	
4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto:	
5. The reason(s) for filing the Articles of Dissolution are: <i>no longer own property</i>	
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 <u>7-16-8</u> , 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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BY ML MC8MM

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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	
Anthony Reo	P.O. Box 497	
City/Town	State	Zip Code
Greenville	RI	02828
Signature of Authorized Person		Date
		5-19-23



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:

May 19, 2023 08:35 AM

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

Gregg M. Amore  
*Secretary of State*

