RI SOS Filing Number: 202338333250 Date: 6/16/2023 12:21:00 PM



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 JUN 16 PM 12: 21  FOR SECRETARY OF STATE USE OF STATE  SECRETARY OF STATE  SECRET |

| Pursuant to the provisions of RIA Articles of Dissolution:     | GL <u>7-16-47</u> , the undersigned hereby submits the following                                      |
|--|---|
| 1. Entity ID Number:   | 2. The name of the limited liability company is:  |
| 001724996  | 212 WATER ST, LLC   |
| 3.The date of filing of its origina                            | al Articles of Organization was: しいいぼ 3, 2021   |
| 4. The dates of filing of all ame all subsequent amendments th | endments to the original Articles of Organization or the most recent restatement, if any, and sereto: |
| 5. The reason(s) for filing the A                              | rticles of Dissolution are:   |
| BUSINESS HAS I   | EEN DISCONTINUED, DISSOLVED   |
| 6. State any other information of                              | or provision, not inconsistent with law, which the members or authorized person signing the           |
| Articles of Dissolution elect to s                             | set forth: W/A  |
| 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 fe                              | ees 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 FILED

| Date received (Upon filing)   |                         |                                 |  |
|---|-------------------------|---------------------------------|--|
| Effective date (which shall be a date certain)  |                         | _                               |  |
| Under penalty of perjury, I declare and affirm that accompanying attachments, and that all statements |                         |                                 |  |
| Name of Authorized Person  JOHN FRANCITI  | Street Address 12 RIDGE | Street Address 12 RIDGETOP LANE |  |
| City/Town NORTH BRAMEORD  | State                   | Zip Code 0647/                  |  |
| Signature of Authorized Person  | , menha                 | Date 6/10/23                    |  |

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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:

June 16, 2023 12:21 PM

Gregg M. Amore
Secretary of State

Treg M. Coure

