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State of Rhode Island

Department of State - Business Services Division

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

STAMP

STATE OF RHODE ISLAND  
BUSINESS SERVICES DIVISION

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

1. Entity ID Number: 001680173	2. The name of the limited liability company is: AlburyNorth LLC
3. The date of filing of its original Articles of Organization was: 01-05-2018	
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:  <del>No Amendments to Articles of Organization.</del> <del>Reinstatement - 05-26-2023.</del>	
5. The reason(s) for filing the Articles of Dissolution are:  No longer needed.	
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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JUN 29 2023

BY JX706

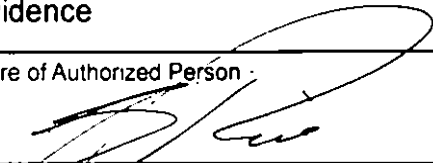
A.A. 1:57 PM.

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) \_\_\_\_\_

*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 Grant Pill	Street Address 222 Freeman Parkway	
City/Town Providence	State RI	Zip Code 02864
Signature of Authorized Person 		Date 6/22/23