



State of Rhode Island

Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

8:48 Am
FILED
AUG 16 2023
BY [Signature]

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

1. Entity ID Number: 001720017	2. The name of the limited liability company is: Lashmeshay LLC
3. The date of filing of its original Articles of Organization was: 03-01-2021	
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: n/a	
5. The reason(s) for filing the Articles of Dissolution are: closed location	
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: n/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 fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov .]	

MAIL TO:

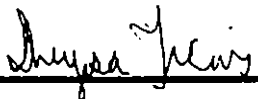
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

STAMP
8:48 AM 16 AUG 2023
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BUS. SVCS. DIV.
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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) <u>12/31/2022</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	
SHEYRA TICAS	81 OREGON AVE	
City/Town	State	Zip Code
NORTH PROVIDENCE	RI	02911
Signature of Authorized Person		Date
		8/12/22

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BUS SVCS DIV

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:

August 16, 2023 08:48 AM

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 and prominent.

Gregg M. Amore
Secretary of State

