



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Articles of Dissolution**

(Section 7-16-47 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Wakefield Wellness LLC

**ARTICLE II**

The date of filing of the original Articles of Organization: 1/27/2021

**ARTICLE III**

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:

NA

**ARTICLE IV**

The reason for filing the Articles of Dissolution:

I AM A MEDICAL PROFESSIONAL AND THE LLC WAS FORMED AS A PASS  
THROUGH SINCE I  
WAS WORKING SEVERAL POSITIONS ON A 1099. I ACCEPTED AN EMPLOYED  
POSITION AND  
NO LONGER NEED THE BUSINESS ENTITY.

**SECTION V**

The effective date (which shall be a certain date) of this dissolution is: 12/4/2023

**ARTICLE VI**

Any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth:

NA

**ARTICLE VII**

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](mailto:tax.collections@tax.ri.gov).]

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 4 Day of December, 2023 at 9:04:21 AM by the Authorized Person.**

THOMAS BEST

Wakefield Wellness LLC

Form No. 404  
Revised 09/07

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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:

December 04, 2023 09:03 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

