



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
23 DEC 4 PM 2:33:47

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

| | |
|---|--|
| 1. Entity ID Number: 001760966 | 2. The name of the limited liability company is: S-tier painting |
| 3. The date of filing of its original Articles of Organization was: 7/29/2023 | |
| 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: Unable to get work, or do work due to illness. | |
| 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: I am unable to maintain a business or work due to physical and mental illness. | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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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.]

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) 11/16/2023

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

Timothy Silva

Street Address

20 Newman ave #3410

City/Town

Rumford

State

Ri

Zip Code

02916

Signature of Authorized Person

Timothy P Silva

Date

11/16/2023