| Articles of Dissolution  DOMESTIC Limited Liability Company        |   |                            | 8.1. D |
|--|---|----------------------------|--------|
| → Filing Fee: \$50.00  |   | DEC                        | SEPE   |
| ,  |   | T Á                        |        |
| Pursuant to the provisions of <u>R</u><br>Articles of Dissolution: | IGL 7-16-47, the undersigned hereby submits the following       |                            | L SI   |
| Entity ID Number:  | 2. The name of the limited liability company is:                | <del></del>                |        |
| 1746426  | 401 Cleaners LLC  | 9                          | ,      |
| 3.The date of filing of its origin                                 | al Articles of Organization was: 09/23/2022                     |                            |        |
| all subsequent amendments t  |   | ent restatement, if any, a | ind    |
| 5. The reason(s) for filing the                                    | Articles of Dissolution are:                                    | •                          | 1      |
| Business is closed.  |   |                            |        |
| 6. State any other information                                     | or provision, not inconsistent with law, which the members or a | uthorized person signing   | the    |
| Articles of Dissolution elect to                                   | set forth:  |                            | Ì      |
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|  |   |                            | Ì      |
|  |   |                            |        |
|  |   |                            |        |

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

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| 7. The limited liability company certifies that it has no outstan liability company has paid all fees and taxes. [Note: tax status  |                |          |  |  |
|---|----------------|----------|--|--|
| 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   | Street Address |          |  |  |
| Shane McCauley  | 593 Broad St   |          |  |  |
| City/Town   | State          | Zip Code |  |  |
| Providence  | RI .           | 02907    |  |  |
| Signature of Authorized Person  |                | Date     |  |  |
| Shaw 10a  | 12/11/2023     |          |  |  |