



State of Rhode Island

Department of State - Business Services Division

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 23 DEC 22 PM 1:58:46
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: 001706633 | 2. The name of the limited liability company is: ILLUME CARE, LLC |
| 3. The date of filing of its original Articles of Organization was: 4/7/2020 | |
| 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: <ul style="list-style-type: none"> • The COVID-19 pandemic negatively impacted my business during startup. • No longer wish to do business in the state of RI • Taxes for businesses that have not yet started up, taxation even when revenue is 0, is unjust. • Lack of support to minority owned, low socioeconomic status businesses is something RI should address and improve. | |
| 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 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

FILED

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 BY ML GVPYV

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 **LAUREN B. FISKE**

Lauren B Fiske

Street Address

110 King Philip Rd, Unit #1E

City/Town

Rumford, Rhode Island

State

RI

Zip Code

02916

Signature of Authorized Person

Lauren B Fiske

Date

12/4/2023



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 22, 2023 01:58 PM

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.

Gregg M. Amore
Secretary of State

