

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

| Pursuant to the provisions of RIGL 7-16-47 | 7, the undersigned hereby submits the follow | /ing |
|--|--|------|
| Articles of Dissolution: | | |

| 1. Entity ID Number: | 2. The name of the lin | nited liabilit | y company is: | | | |
|--|--|------------------------------------|--|--|-------------|--|
| 001706633 | 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 amend | ments to the original A | rticles of O | rganization or th | e most recent restatement, | if any, and | |
| all subsequent amendments there | atu. | | | | | |
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| 5. The reason(s) for filing the Article The COVID-19 panden No longer Wish Taxos for busine When revenue Lack of support | cles of Dissolution are: nic negatively im to do busines sasthat have is 40, is uni to minority of RI should | pacted in to not ye just. Juned, I | my business he state of et staned if ow socioecon and impro- | s during startup. If PI Up, taxatım even nomic status busii ve. | nesses | |
| 6. State any other information or | provision, not inconsist | ent with lav | v, which the mer | nbers or authorized person | signing the | |
| Articles of Dissolution elect to set | forth: | | | | | |
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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: 7.58 DEC 22 2023 GV PY V

| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY | | | | | | |
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| o. Bate Wilding these visiting of Biosolditon will be checked. Cited Oile Box Oile! | | | | | | |
| Date received (Upon filing) | | | | | | |
| Effective date (which shall be a date certain) | | | | | | |
| Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains | | ition, including any | | | | |
| Name of Authorized Person LAUREN B. FISKE. | Street Address No King Philip | Rd, Unit #1E | | | | |
| City/Town Rumford, Rhode Island | State PT | Zip Code 02916 | | | | |
| Signature of Authorized Person James B Fiske | | Date 12/4/2023 | | | | |
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