



State of Rhode Island  
 Department of State - Business Services Division

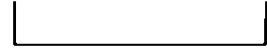


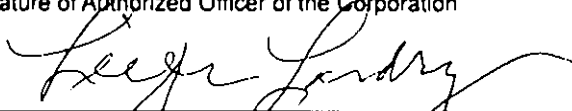
RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 DEC 27 A 11:54  
SECRETARY OF STATE  
 157-0017

**Articles of Dissolution**  
 DOMESTIC Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1308 and 7-1.2-1309, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

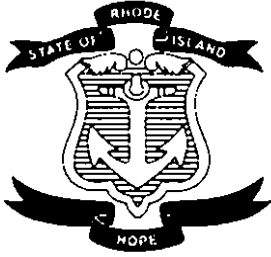


1. Entity ID Number: <b>000143449</b>		2. The name of the corporation is: <b>HOME HEALTH SOLUTIONS, INC.</b>	
3. The dissolution was approved by (CHECK ONE): <input checked="" type="checkbox"/> consent of the shareholders pursuant to RIGL <u>7-1.2-1302</u> . OR <input type="checkbox"/> an act of the corporation pursuant to RIGL <u>7-1.2-1303</u> .			
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.		5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.	
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgement, order, or decree which may be entered against it in any pending suit.		7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL <u>7-1.2-1309</u> , the corporation 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 <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
9. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Officer <b>CATHY L. ANDREOZZI</b>		Date <b>12/27/2023</b>	
Signature of Authorized Officer of the Corporation 			

**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**  
 DEC 27 2023  
 BY MLD5T22  
 11:54

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

KLR  
LEIGEA LANDRY  
951 N MAIN ST  
PROVIDENCE, RI 02904

## LETTER OF GOOD STANDING

It appears from our records that **HOME HEALTH SOLUTIONS, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **HOME HEALTH SOLUTIONS, INC.** is in good standing with the Rhode Island Division of Taxation as of **12/14/2023**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

### DISSOLUTION

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

---

NICOLE BROADY  
Supervising Revenue Officer

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Neena Savage  
Tax Administrator

201779943:21188606  
DLN: 10016268978



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 27, 2023 11:54 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

