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State of Rhode Island

Department of State - Business Services Division

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2023 DEC 29 A Miss OF STATE

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

| Pursuant to the provisions of RIG Articles of Dissolution: | GL 7-16-47, the undersigned hereby submits the following | | |
|--|---|--|--|
| 1. Entity ID Number: | 2. The name of the limited liability company is: | | |
| 001709043 | Flynn Stone RI, LLC | | |
| 3.The date of filing of its origina | l Articles of Organization was: 06-23-2020 | | |
| The dates of filing of all ame all subsequent amendments the | ndments to the original Articles of Organization or the most recent restatement, if any, and ereto: | | |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| 5. The reason(s) for filing the Articles of Dissolution are: | | | |
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| | | | |
| Closing Boss | ines 3 | | |
| | or provision, not inconsistent with law, which the members or authorized person signing the | | |
| Articles of Dissolution elect to s | et forth: | | |
| N/A | | | |
| | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 29 2023 LCRETARY OF STATE

| 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.] | | | |
|--|------------------|------------|--|
| 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 | | |
| BENJAMIN J. FLYNN | 138B old M:11 Rd | | |
| City/Town | State | Zip Code | |
| Charlestown | RI | 02813 | |
| Signature of Authorized Person | | Date | |
| My | | 12-29-2023 | |

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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 29, 2023 11:27 AM

Gregg M. Amore

Tregs M. Coure

Secretary of State

