

**State of Rhode Island
Department of State - Business Services Division****Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN -8 P 4: 04

STAMPFOR
SECRETARY OF STATE
USE ONLYPursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following
Articles of Dissolution:

1. Entity ID Number: 001728246	2. The name of the limited liability company is: Far Momin LLC
3. The date of filing of its original Articles of Organization was: 08-18-2021	
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: 1. 9/29/02 2. 2/24/23	
5. The reason(s) for filing the Articles of Dissolution are: Closing LLC	
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: NA	

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
STAMP**JAN 08 2024 **4:06**
FOR
SECRETARY OF STATE
USE ONLYBY **668VC****AR**

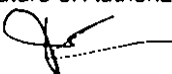
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

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	
Farhana Momin		18 Maple Ave	
City/Town	State	Zip Code	
Barrington	RI	02806	
Signature of Authorized Person		Date	
		12/21/23	

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 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:

January 08, 2024 04:06 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

