



State of Rhode Island  
Department of State - Business Services Division

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following  
Articles of Dissolution:

|                                                                                                                                                                        |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. Entity ID Number:<br><i>001766714</i>                                                                                                                               | 2. The name of the limited liability company is:<br><i>Power Pulse Electric LLC</i> |
| 3. The date of filing of its original Articles of Organization was: <i>12/19/2023</i>                                                                                  |                                                                                     |
| 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:<br><i>didn't want it any more</i>                                                                         |                                                                                     |
| 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: |                                                                                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED  
JAN 11 2024  
BY *Y. J. JOF*  
*AL*

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| 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 <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .] |                |          |
| 8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                                                                                                                                   |                |          |
| <input checked="checked" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                                                                                    |                |          |
| <input type="checkbox"/> 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 |          |
| Francisco Mendoza                                                                                                                                                                                                                                                                                         | 52 Shippee St  |          |
| City/Town                                                                                                                                                                                                                                                                                                 | State          | Zip Code |
| West Warwick                                                                                                                                                                                                                                                                                              | RI             | 02893    |
| Signature of Authorized Person                                                                                                                                                                                                                                                                            |                | Date     |
|                                                                                                                                                                                                                                                                                                           |                | 01/11/23 |

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](mailto: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 11, 2024 03:37 PM

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

Gregg M. Amore  
*Secretary of State*

