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Articles of Dissolution
 DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-4Z, the undersigned hereby submits the following Articles of Dissolution:

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|---|--|
| 1. Entity ID Number: 001707927 | 2. The name of the limited liability company is: Gap Healthy LLC |
| 3. The date of filing of its original Articles of Organization was: 05/18/2020 | |
| 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: 02/26/2021 | |
| 5. The reason(s) for filing the Articles of Dissolution are: Never established/used 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: N/A | |
| 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

2:49

FILED
 JAN 22 2024
 BY ML ZWZMH

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) 1/26/2024

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 Beth Smith | Street Address 86 Orient Ave, PO Box 505 | |
| City/Town Jamestown | State RI | Zip Code 02835 |
| Signature of Authorized Person <i>Beth Smith</i> | | Date 1/18/2024 |