



State of Rhode Island  
Department of State - Business Services Division

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### Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

1. Entity ID Number: <b>001755459</b>	2. The name of the limited liability company is: <b>Guilley's</b>
3. The date of filing of its original Articles of Organization was: <b>4/3/23</b>	
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: <b>Never did business in Rhode Island. Moved to Maine</b>	
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: <b>I want to make sure I comply with any tax obligations but want this entity dissolved so no new taxes are incurred</b>	

**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)

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*I am trying*

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](mailto: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) 4/3/23

*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 <i>Leigh Williams</i>		Street Address <i>360 Dunbar Hill Rd</i>	
City/Town <i>Fayston</i>	State <i>VT</i>	Zip Code <i>05660</i>	
Signature of Authorized Person <i>Leigh Williams</i>		Date <i>1/9/24</i>	