

State of Rhode Island

Department of State - Business Services Division

Arti	icl	AS	of	Diss	olu	ition
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DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



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Pursuant to the provisions of <u>RIGL 7-16-47</u>, the undersigned hereby submits the following Articles of Dissolution.

1. Entity ID Number:

2. The name of the limited liability company is:

000799164

SHADY LEA GUITARS, LLC

3. The date of filing of its original Articles of Organization was:

5/20/13

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:

10/27/2016-Name change from The Rhode Island Guitar Company LLC to Shady Lea Guitars LLC and change of address to 1464 Kingstown Road South Kingstown, RI 02879

5. The reason(s) for filing the Articles of Dissolution are:

No longer doing business

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 FILED FEB 15 2024
BY CRYJZ

FORM 404 - Revised 8/2023

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					
DANIEL COLLINS	1464 KINGSTOWN ROAD					
City/Town	State	Zip Code				
SOUTH KINGSTOWN	RI	02879				
Signature of Authorized Person Signature of Authorized Person .		Date 12/14/23				

RI SOS Filing Number: 202446529570 Date: 2/15/2024 1:07:00 PM



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:

February 15, 2024 01:07 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

