



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: <u>000722072</u>	2. The name of the limited liability company is: <u>Chiropractre Associates LLC</u>
3. The date of filing of its original Articles of Organization was: <u>10-20-2011</u>	
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: <u>12/2/2014</u> <u>changed to Chiro Assoc RI Inc. Leonard</u> <u>- sole Owner</u> <u>Mauro</u>	
5. The reason(s) for filing the Articles of Dissolution are: <u>NOT Doing Buissness</u> <u>changed to RI Inc.</u> <u>New Tax-ID.</u>	
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

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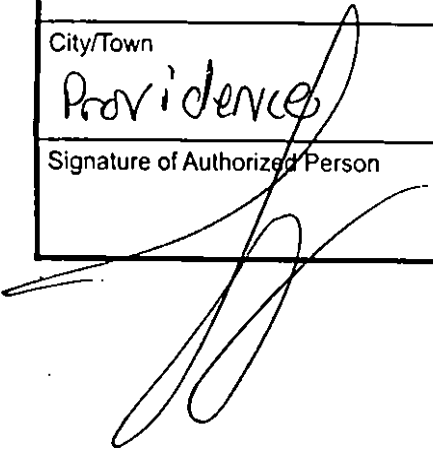
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

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 Leonard Marand		Street Address 1196 Elmwood Ave.	
City/Town Providence	State Ri	Zip Code 02907	
Signature of Authorized Person 		Date 9/24/23 2/14/2024	



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:

February 20, 2024 02:17 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

