



**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:<br><b>001746406</b>                                                                                                                                                  | 2. The name of the limited liability company is:<br><b>New England Psychiatry Mentoring Institute LLC</b> |
| 3. The date of filing of its original Articles of Organization was: <b>9/21/2022</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:<br><br><b>N/A</b>        |                                                                                                           |
| 5. The reason(s) for filing the Articles of Dissolution are:<br><br><b>Closing the business.</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:<br><br><b>None</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)

*WB* FILED *303*  
FEB 23 2024  
BY *GW N413*

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) \_\_\_\_\_

*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

Rodrigo Nardi

Street Address

5 Pine Hill Drive

City/Town

Cranston

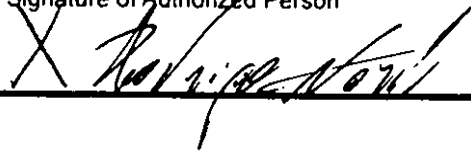
State

RI

Zip Code

02921

Signature of Authorized Person

X 

Date

02/20/2024



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 23, 2024 03:03 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

