



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: <i>001671308</i>	2. The name of the limited liability company is: <i>True Self Nutrition Counseling, LLC</i>
3. The date of filing of its original Articles of Organization was: <i>3/27/2017</i>	
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:  <i>3-14-22 Name Change</i>	
5. The reason(s) for filing the Articles of Dissolution are:  <i>Deceased</i>	
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](http://www.sos.ri.gov)

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BY WS2K1

*AK*

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 <i>monique P. Charpentier, Administratrix of Estate</i>		Street Address <i>57 Pound Road</i>	
City/Town <i>Cumberland</i>	State <i>RI</i>	Zip Code <i>02864</i>	
Signature of Authorized Person <i>Monique P. Charpentier, Administratrix of Estate</i>		Date <i>2-20-24</i>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



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 26, 2024 02:56 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

