



**State of Rhode Island  
Department of State - Business Services Division**

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

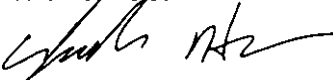
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Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following Articles of Dissolution:

1. Entity ID Number: 001718832	2. The name of the limited liability company is: 401 Elite Baseball Training LLC
3. The date of filing of its original Articles of Organization was: <del>2/17/21</del> 2/4/21	
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:  2/17/21 is the opening of the LLC and 2/8/24 is the closure request of the LLC.  N/A	
5. The reason(s) for filing the Articles of Dissolution are:  Requesting closure of 401 Elite Baseball Training LLC.	
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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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. <b>CHECK ONE BOX ONLY</b>		
<input checked="checked" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Effective date (which shall be a date certain) _____		
<i>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.</i>		
Name of Authorized Person Christopher Hess	Street Address 26 Saratoga Ave	
City/Town Westerly	State Rhode Island	Zip Code 02891
Signature of Authorized Person 		Date 2/8/24

**FILED**

BY \_\_\_\_\_



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:

March 25, 2024 01:08 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*

