



State of Rhode Island
Department of State - Business Services Division

Articles of Dissolution
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-54, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: 001754983	2. The name of the corporation is: Tori Lynn Andreozzi Foundation
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY	
☐ The resolution to dissolve the corporation was adopted at a meeting of members held on _____, at which meeting a quorum was present, and the resolution received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.	
☒ The resolution to dissolve the corporation was adopted by a consent in writing on <u>March 11, 2024</u> , signed by all members entitled to vote with respect thereto.	
☐ The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.	
4. Has the corporation adopted a plan of distribution? Yes ☐ or No ☒ If yes please attach the plan and check the box to indicate the attachment. ☐	
5. All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore. All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of RIGL 7-6. There are no suits pending against the corporation in any court in respect of which adequate provision has not been made for the satisfaction of any judgment, order or decree, which may be entered against it.	
<i>Under penalty of perjury, we declare and affirm that we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
* TWO SIGNATURES ARE REQUIRED *	
Type or Print the Name of President ☒ or Vice President ☐ Cathy L. Andreozzi	Date March 20, 2024
Signature of President or Vice President 	
Type or Print the Name of the Secretary ☐ or Assistant Secretary ☒ Susanne M. Racca	Date March 20, 2024
Signature of Secretary or Assistant Secretary 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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.

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MAR 28 2024 2:33

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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 28, 2024 02:33 PM

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

Gregg M. Amore
Secretary of State

