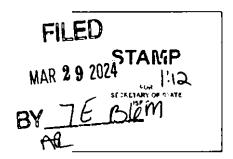
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State - Business Services Division Articles of Dissolution DOMESTIC Limited Liability Company → Filing Fee: \$50.00 Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned hereby submits the following					
Articles of Dissolution       STATE         DOMESTIC Limited Liability Company       ->         ->       Filing Fee: \$50.00         Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned hereby submits the following       ->         Articles of Dissolution:       ->         1. Entity ID Number:       2. The name of the limited liability company is:       ->         1739259       JtcfaNS Cuctival CUC         3.The date of filing of its original Articles of Organization was: $Y/a_1/2022$ 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.         5. The reason(s) for filing the Articles of Dissolution are:         Busiles Classed         6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the	State of Rhode Island				
DOMESTIC Limited Liability Company         → Filing Fee: \$50.00         Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned hereby submits the following         Articles of Dissolution:         1. Entity ID Number:         2. The name of the limited liability company is:         0.         3. The date of filing of its original Articles of Organization was:         9/20202         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.         5. The reason(s) for filing the Articles of Dissolution are:         Busiless Of Dissolution are:         Busiless Of Dissolution are:         6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the	Department of Stat	te - Business Services Division			
DOMESTIC Limited Liability Company         → Filing Fee: \$50.00         Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned hereby submits the following         Articles of Dissolution:         1. Entity ID Number:         2. The name of the limited liability company is:         0.         3. The date of filing of its original Articles of Organization was:         9/20202         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.         5. The reason(s) for filing the Articles of Dissolution are:         Busiless Of Dissolution are:         Busiless Of Dissolution are:         6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the			N		
<ul> <li>→ Filing Fee: \$50.00</li> <li>Pursuant to the provisions of <u>RIGL 7-16-47</u>, the undersigned hereby submits the following <u>Articles of Dissolution:</u></li> <li>1. Entity ID Number:</li> <li>1. TA39254</li> <li>2. The name of the timited liability company is:</li> <li>3. The date of filing of its original Articles of Organization was: <u>4/21/2022</u></li> <li>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:</li> <li>5. The reason(s) for filing the Articles of Dissolution are:</li> <li>Business Classed</li> <li>6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the</li> </ul>	<b>Articles of Dissolution</b>		STAI		
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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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7. The limited liability company certifies that it has no outsi liability company has paid all fees and taxes. [Note: tax sta				
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	Street Address	Λ		
Michaels Bolavo City/Town Pautocket	39 Malr	or Avraue		
City/Town	State	Zip Code		
Pautidus	RL	02860		
Signature of Authorized Person		Date / /		
Michael Fola		3/25/24		

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 29, 2024 01:12 PM

Areg M. Couve

Gregg M. Amore Secretary of State

