REC'D RIDUS 850 24 APR 9 AM 11:14:06

Articles of Dissolution

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Website: www.sos.ri.gov

| Pursuant to the provisions of RIGL of Dissolution for the purpose of di | . 7-6-54, the undersigned corporation adopts the followin issolving the corporation: | ng Articles |
|--|--|------------------|
| Entity ID Number: | 2. The name of the corporation is: | |
| 001666111 | SOUTH COUNTY SHORT MOVIE CLUB | |
| 3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY | | |
| which meeting a quorum was | corporation was adopted at a meeting of members held present, and the resolution received at least a majority oxy at such meeting were entitled to cast. | |
| The resolution to dissolve the by all members entitled to vot | corporation was adopted by a consent in writing one with respect thereto. | , signed |
| The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on April 5, 2024 , 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. | | |
| 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. | | |
| * TWO SIGNATURES ARE REQUIRED* | | |
| Type or Print the Name of President JOANNE HAYNES | or Vice President | Date 4-6-2024 |
| Signature of President or Vice President | · | |
| Journe Hayr | المعالمة ا | |
| Type or Print the Name of the Secretary | or Assistant Secretary | Date / / |
| DONNA GUSTAFSON | | 4/5/24 |
| Signature of Secretary or Assistant Secre | tary DSA | |
| MAIL TO: | 1 | FILED |
| Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | | APR 0.9 2024 A |

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.

BY A DAG

FORM 203 - Revised: 12/2023