



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation

DOMESTIC Business Corporation

→ Filing Fee: \$10.00

Pursuant to RIGL 7-1.2-1305, the undersigned corporation submits the following statement of revocation of voluntary dissolution proceedings heretofore taken by act of the corporation:

| | | | |
|--|-------------------------|--|--|
| 1. Entity ID Number: 150098 | | 2. The name of the corporation is: DIXI MART INC | |
| 3. The names and respective addresses of its directors are: | | | |
| NAME | | ADDRESS | |
| PARVEZ M KHATANA | | 37 POTTER STREET, CRANSTON, RI 02910 | |
| — | | — | |
| — | | — | |
| — | | — | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 4. The names and respective addresses of its principal officers: | | | |
| OFFICE | NAME | ADDRESS | |
| PRESIDENT | PARVEZ M KHATANA | 37 POTTER ST, CRANSTON, RI 02910 | |
| VICE PRESIDENT | — // — | — // — | |
| TREASURER | — // — | — // — | |
| SECRETARY | — // — | — // — | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 5. The resolution adopted by the shareholders of the corporation revoking its voluntary dissolution proceedings is as follows: On 4/10/24 the corporation was closed in error. | | | |
| Check the box to include an attachment <input type="checkbox"/> | | | |

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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|---|--|
| 6. The number of shares outstanding is: <div style="margin-left: 20px;">1000</div> | |
| 7. The number of shares voted for and against the resolution, respectively are: → | |
| 8. As required by RIGL 7-1.2-1306, the entity has paid all fees and taxes. YES | 9. This Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation shall be effective upon filing. |
| 10. Under penalty of perjury, I declare and affirm that I have examined this Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct. | |
| Type or Print Name of Authorized Officer of the Corporation <div style="margin-left: 20px; font-family: cursive;">PARVEZ M KHATANA</div> | Date <div style="margin-left: 20px; font-family: cursive;">04/11/2024</div> |
| Signature of Authorized Officer of the Corporation <div style="margin-left: 20px; font-family: cursive;">Parvez Khatana</div> | |



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:

April 11, 2024 01:46 PM

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

Gregg M. Amore
Secretary of State

