



State of Rhode Island
Department of State - Business Services Division

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Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of _____, the undersigned hereby submits the following
Articles of Dissolution:

| | |
|---|---|
| 1. Entity ID Number: 001696310 | 2. The name of the limited liability company is: Grace Fisheries, LLC |
| 3. The date of filing of its original Articles of Organization was: 5/24/2019 | |
| 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: na | |
| 5. The reason(s) for filing the Articles of Dissolution are: Owner became fully disabled as of 1/1/2023 and went completely out of business. | |
| 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**FILED****APR 19 2024**BY **ML 4168****1:09**

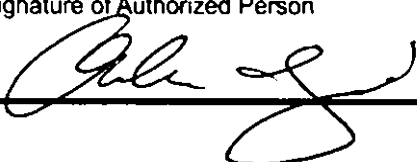
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL _____, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

8. Date when these Articles of Dissolution will be effective: **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 <i>Charles Maguire</i> | | Street Address <i>25 Bernard Lane</i> | |
| City/Town <i>Little Compton</i> | State <i>RI</i> | Zip Code <i>02837</i> | |
| Signature of Authorized Person  | | Date <i>4/14/2024</i> | |



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 19, 2024 01:09 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

