



State of Rhode Island
Department of State - Business Services Division

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STAMP

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following
Articles of Dissolution:

1. Entity ID Number: 001754474	2. The name of the limited liability company is: YALSET Home Care Services LLC
3. The date of filing of its original Articles of Organization was: 3/15/2023	
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: NO Business, New JOB, NO vehicle - I made no money on my LLC -	
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: I thought I was doing the correct thing to try and start working w/ an LLC BUT I had no success + could not seem to get it going - I no longer need my LLC	

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 outstanding tax obligations. As required by RIGL 7-16-8, 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 KELLY miller		Street Address 725 Branch Ave	
City/Town Providence	State RI	Zip Code 02904	
Signature of Authorized Person Kelly Miller		Date 4-1-24	