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 24 MAY 24 AM 11:22:33  
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 SECRETARY OF STATE  
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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: <span style="font-size: 1.2em;">001685251</span>	2. The name of the limited liability company is: <span style="font-size: 1.2em;">Sunny's Holdings</span>
3. The date of filing of its original Articles of Organization was: <span style="font-size: 1.2em;">30 Jun 2018</span>	
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: <span style="font-size: 1.2em;">N/A</span>	
5. The reason(s) for filing the Articles of Dissolution are: <ul style="list-style-type: none"> <li>- LLC did not gain any assets as originally planned</li> <li>- LLC performs no function as originally intended</li> </ul>	
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: <span style="font-size: 1.2em;">N/A</span>	
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 <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

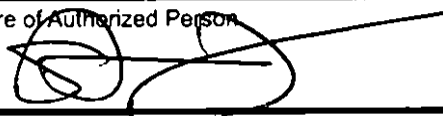
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 KJ

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) 31 Dec 2023

*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 <b>STUART MURPHY</b>	Street Address <b>429 Howland RD</b>	
City/Town <b>East Greenwich</b>	State <b>RI</b>	Zip Code <b>02818</b>
Signature of Authorized Person 		Date <b>29 Dec 2023</b>