RI SOS Filing Number: 202455284350 Date: 6/3/2024 2:13:00 PM



State of Rhode Island Department of State - Business Services Division



Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

2024 JUN -3 PM 2: 13

STALLE

_7-16-47, the undersigned hereby submits the following			
2. The name of the limited liability company is: (DDC)			
Deleo Delineation Concepts Ilc			
3.The date of filing of its original Articles of Organization was: August 31, 2021			
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:			
Suspension of operations.			
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:			
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	2. The name of the limited liability company is: (DDC) Deleo Delineation Concepts IIc Articles of Organization was: August 31, 2021 dments to the original Articles of Organization or the most recent restatement, if any, and reto: icles of Dissolution are: provision, not inconsistent with law, which the members or authorized person signing the content of the co		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov LILED

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FORM 404 - Revised 12/2023

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	Street Address		
James DeLeo	42 Elmdale Ave		
City/Town	State	Zip Code	
Johnston	Rhode Island	02919	
Signature of Authorized Person		Date 5-30-24	

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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:

June 03, 2024 02:13 PM

Gregg M. Amore Secretary of State

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