



State of Rhode Island  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
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**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: <b>001680756</b>	2. The name of the limited liability company is: <b>Triwell LLC</b>
3. The date of filing of its original Articles of Organization was: <b>01/23/2018</b>	
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: <del>12/01/2019 → Statement of Change of Registered Resident Agent Office</del> <b>MADE NON-SUBSTANTIVE EDITS</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>NO longer operating in business</b>	
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: <b>n/a</b>	

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

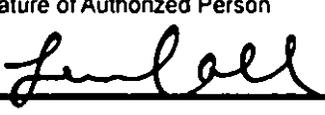
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BY **AA4T3**  
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7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing [tax.collections@tax.ri.gov](mailto: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 <b>Leigh Carnil</b>	Street Address <b>350 William Reynolds Rd</b>	
City/Town <b>Exeter</b>	State <b>RI</b>	Zip Code <b>02922</b>
Signature of Authorized Person 	-	Date <b>6/25/24</b>



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:

June 28, 2024 11:19 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

