



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2024 JUN 28 AM 11:16

5/1/2019

FOR  
SECRETARY OF STATE  
FILE ONLY

**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: <b>12/01/2019 → Statement of Change of Registered/ Resident Agent Office 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](http://www.sos.ri.gov)

FILED

JUN 28 2024

BY **DN4T8**

**AA 11:19 AM**

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

Leigh Carnil

Street Address

350 William Reynolds Rd

City/Town

Exeter

State

RI

Zip Code

02622

Signature of Authorized Person



Date

6/25/24