

## State of Rhode Island **Department of State - Business Services Division**

## **Articles of Dissolution**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

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

Articles of Dissolution.		
1. Entity ID Number:	2. The name of the limited liability company is:	
001709063	La kriola UC	
3. The date of filing of its original Articles of Organization was: 6-23-2020		
4. The dates of filing of all amend all subsequent amendments there	ments to the original Articles of Organization or the most recent restatement, if any, and eto:	
5. The reason(s) for filing the Artic	cles of Dissolution are:	
6. State any other information or particles of Dissolution elect to set	provision, not inconsistent with law, which the members or authorized person signing the forth:	

MAIL TO:

**Division of Business Services** 

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

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

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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 <u>7-16-8</u> , 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			
Timpeter perez	85 Rosers Ir	)		
City/Town	State	Zip Code		
middletocan	121	02842		
Signature of Authorized Person		Date		
		7/23/2024		