



State of Rhode Island  
Department of State - Business Services Division

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2024 JUL 11 PH 1:29  
STAMP

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

1. Entity ID Number: <b>001674196</b>	2. The name of the limited liability company is: <b>Mia-Rose, LLC</b>	2024 AUG -5 11:18 RECEIVED SECRETARY OF STATE CORPORATIONS DIV
3. The date of filing of its original Articles of Organization was: <b>05/30/2017</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>None</b>		
5. The reason(s) for filing the Articles of Dissolution are: <b>No longer conducting 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>None</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  
AUG 5 2024  
BY H52E1  
129  
STAMP

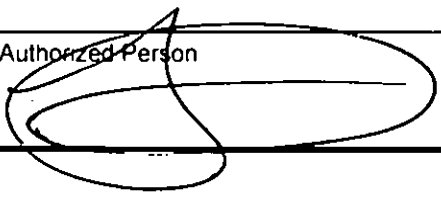
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov).]

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	Street Address	
R. Paul Kuhn, Esq.	29 Post Road	
City/Town	State	Zip Code
Westerly	RI	02891
Signature of Authorized Person		Date
		7/9/24



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:

August 05, 2024 01:29 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

