



State of Rhode Island  
Department of State - Business Services Division

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CORPORATIONS DIV.

2024 AUG 19 AM 11:47

### 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>00507324</b>	2. The name of the limited liability company is: <b>Pisaturo Real Estate LLC</b>
3. The date of filing of its original Articles of Organization was: <b>6/03/2009</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>N/A</b>	
5. The reason(s) for filing the Articles of Dissolution are: - <b>The LLC is no longer doing 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:	

**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 19 2024**

**BY** **Z. E. H. G.**  
**114**

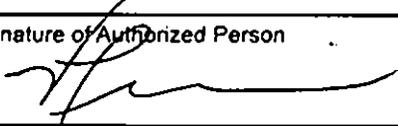
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

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 <b>Vincent A. Pisaturo</b>		Street Address <b>280 Plainfield Street</b>	
City/Town <b>Providence</b>	State <b>Rhode Island</b>	Zip Code <b>02908</b>	
Signature of Authorized Person 		Date <b>7/22/2024</b>	

**FILED**  
AUG 19 2024  
BY 23FHA  


If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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 19, 2024 11:47 AM

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

Gregg M. Amore  
*Secretary of State*

