



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2024 AUG 19 AM 11:45

**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: <u>1698118</u>	2. The name of the limited liability company is: <b>ANCHOR INSURANCE ASSOCIATES, LLC</b>
3. The date of filing of its original Articles of Organization was: <u>7-17-2019</u>	
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:  N/A	
5. The reason(s) for filing the Articles of Dissolution are:  BUSINESS CLOSED	
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

FILED STAMP  
AUG 19 2024  
BY 09943

AA. 11:45 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) \_\_\_\_\_

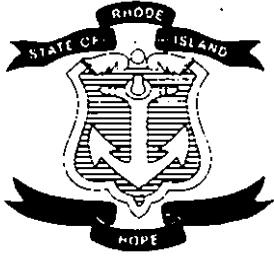
*Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.*

Name of Authorized Person DONNA GELSOMINO	Street Address 4 BARON COURT
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City/Town WARWICK	State RI	Zip Code 02888
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Signature of Authorized Person 	Date 8/15/2024
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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](mailto:corporations@sos.ri.gov).



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

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CORPORATIONS DIV

2024 AUG 19 AM 11:46

ANCHOR INSURANCE ASSOCIATES  
ATTN: DONNA GELSOMINO  
4 BARON CT  
WARWICK, RI 02888-2902

*ID # 1698118*

## LETTER OF GOOD STANDING

It appears from our records that ANCHOR INSURANCE ASSOCIATES, LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. ANCHOR INSURANCE ASSOCIATES, LLC is in good standing with the Rhode Island Division of Taxation as of **08/01/2024**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above-named corporation for the purpose of:

## DISSOLUTION

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NICOLE BROADY  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

842411943:22248808  
DLN: 10017700608



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 11:45 AM

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

Gregg M. Amore  
*Secretary of State*

