



State of Rhode Island  
Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

|  |  |
|--|--|
| 1. Entity ID Number:<br>001100195  | 2. The name of the limited liability company is:<br>SOUTH COUNTY TRAIL SOLAR LLC |
| 3. The date of filing of its original Articles of Organization was: 04-07-2015   |  |
| 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:<br>Articles of Amendment 04/07/2016<br>Statement of Change of Registered/Resident Agent 01/09/2020<br>Statement of Change of Registered/Resident Agent 05/29/2024 |  |
| 5. The reason(s) for filing the Articles of Dissolution are:<br>entity is no longer conducting business in Rhode Island.   |  |
| 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 26 2024  
BY M8HSX STAMP  
207 KJ

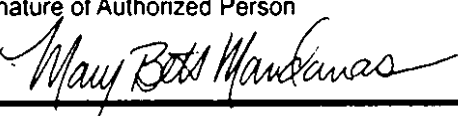
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov).]

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               |           |
| Mary Beth Mandanas  | 505 Fifth Avenue, 14th Floor |           |
| City/Town   | State                        | Zip Code  |
| New York  | NY                           | 10017     |
| Signature of Authorized Person  |                              | Date      |
|  |                              | 8/23/2024 |

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).