



State of Rhode Island  
Department of State - Business Services Division

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CORPORATIONS

2024 AUG 26 PM 2:12

**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:<br><b>00012295</b>   | 2. The name of the limited liability company is:<br><b>Humanetrics LLC</b> |
| 3. The date of filing of its original Articles of Organization was: <b>Feb 14, 2002</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:<br><br><b>none</b>       |  |
| 5. The reason(s) for filing the Articles of Dissolution are:<br><br><b>Business has been discontinued.</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:<br><br><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 26 2024**  
BY **EG263**  
FORM 404 - Revised 12/2023  
**210**

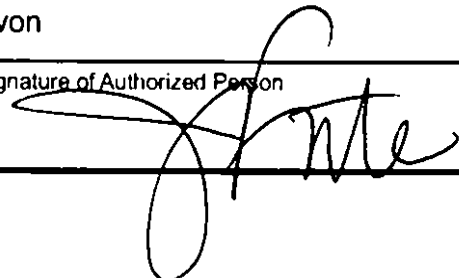
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov).]

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 |                 |
| John Forte  | 40 Chevas Rd   |                 |
| City/Town   | State          | Zip Code        |
| Avon  | CT             | 06001           |
| Signature of Authorized Person  |                | Date            |
|  |                | August 18, 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).