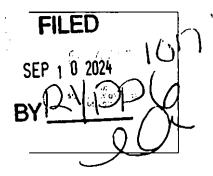
	RI SOS Filing Number. 202459263340 Date. 9/10/2024 10.17.00 PM		
State of Rhode Island Department of State - Business Services Division 10 H10 H10 H10 H10 H10 H10 H10 H10 H10 H	STANA.		
DOMESTIC Limited Liability Company	-		
$\rightarrow$ Filing Fee: \$50.00	FOR SECREMATV OF STATE USE CHUY		
Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned hereby submits the following Articles of Dissolution:			
1. Entity ID Number: 2. The name of the limited liability company is:			
001772320 CaspienLLC			
3. The date of filing of its original Articles of Organization was: 4/11/24			
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			
Q11512U			
5. The reason(s) for filing the Articles of Dissolution are:			
no longer the bessines			
6. State any other information or provision, not inconsistent with law, which the members or author Articles of Dissolution elect to set forth:	ized person signing the		

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , 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)			
$\mathcal{I}$ Effective date (which shall be a date certain) $\mathcal{L}$			
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 Parvit TABGArmi	Street Address 136 Pierce SE		
City/Town Marrorick	State PT	Zip Code 02888	
Signature of Authorized Person		Date 9,10,24	

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:

September 10, 2024 10:17 PM

Treng M. Course

Gregg M. Amore Secretary of State

