



State of Rhode Island  
Department of State - Business Services Division

**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>001759764</b>	2. The name of the limited liability company is: <b>BERRIO HEATING AND AIR CONDITIONING LLC</b>
3. The date of filing of its original Articles of Organization was: <b>07/01/2023</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>GOING OUT OF 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: <b>NONE</b>	

STAMP

RECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV  
2024 OCT - 8 AM 11:28

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

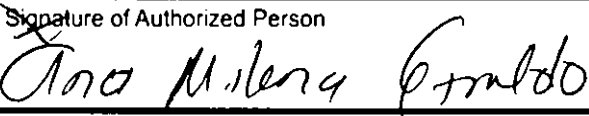
**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

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OCT 08 2024  
BY **DK4PD**  
**AA. 11:28 AM.**  
FORM 404 - Revised 12/2023

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 <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]		
8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>		
<input checked="checked" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> 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	
ANA M GIRALDO	191 WHITTIER AVE APT3	
City/Town	State	Zip Code
PROVIDENCE	RI	02909
Signature of Authorized Person		Date
		09/30/2024

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).



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:

October 08, 2024 11:28 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

