



State of Rhode Island  
Department of State - Business Services Division

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

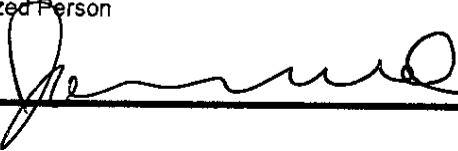
Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following Articles of Dissolution:

1. Entity ID Number: <b>000136873</b>	2. The name of the limited liability company is: <b>JEW PT, LLC</b>
3. The date of filing of its original Articles of Organization: <b>12/24/2003</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>none</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>Business closed April 1, 2023</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>W/A</b>	

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.  
2024 OCT 16 PM 2:15

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  
OCT 16 2024  
BY **HBDWB**  
**3.30**  
FORM 404 - Revised 12/2023

<p>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>.]</p>		
<p>8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b></p>		
<p><input checked="" type="checkbox"/> Date received (Upon filing)</p>		
<p><input type="checkbox"/> Effective date (which shall be a date certain) _____</p>		
<p><i>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.</i></p>		
Name of Authorized Person	Street Address	
John Ward	5 Homestead Road	
City/Town	State	Zip Code
Wood River Jct.	RI	02894
Signature of Authorized Person		Date
		9/23/24

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).