



**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>001692019</b>	2. The name of the limited liability company is: <b>STANLEY PROPERTIES, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>1-18-2019</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>LETTER OF GOOD STANDING REINSTATEMENT 4/17/2024</b>	
5. The reason(s) for filing the Articles of Dissolution are:  <b>NO LONGER MANAGE PROPERTIES</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:	

RECEIVED  
 DEPT. OF STATE  
 BUS SVCS  
 2024 OCT 25 - 10:08  
 STANLEY

**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 25 2024  
 BY **H. L. G. D. G.**  
**AA-10:08 AM**

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 <i>Jul Brutto</i>		Street Address <i>102 GENTIAN DRIVE</i>	
City/Town <i>WAKEFIELD</i>	State <i>RI</i>	Zip Code <i>02879</i>	
Signature of Authorized Person <i>Jul Brutto</i>		Date <i>10/17/2024</i>	



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 25, 2024 10:08 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

