



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 NOV 7 AM 10:35:41

Articles of Dissolution

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-54, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: <u>001 746486</u>	2. The name of the corporation is: <u>RI COMMUNITY HEALTH WORKERS COOP.</u>
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of members held on _____, at which meeting a quorum was present, and the resolution received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.	
<input checked="" type="checkbox"/> The resolution to dissolve the corporation was adopted by a consent in writing on <u>11/4/2024</u> , signed by all members entitled to vote with respect thereto.	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.	
4. Has the corporation adopted a plan of distribution? Yes <input type="checkbox"/> or No <input checked="" type="checkbox"/> If yes please attach the plan and check the box to indicate the attachment. <input type="checkbox"/>	
5. All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore. All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of RIGL 7-6. There are no suits pending against the corporation in any court in respect of which adequate provision has not been made for the satisfaction of any judgment, order or decree, which may be entered against it.	
Under penalty of perjury, we declare and affirm that we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.	
* TWO SIGNATURES ARE REQUIRED *	
Type or Print the Name of President <input checked="" type="checkbox"/> or Vice President <input type="checkbox"/> <u>KOREN CARBUCCIA</u>	Date <u>11/4/2024</u>
Signature of President or Vice President 	
Type or Print the Name of the Secretary <input type="checkbox"/> or Assistant Secretary <input type="checkbox"/> <u>VALENT</u>	Date
Signature of Secretary or Assistant Secretary	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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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.

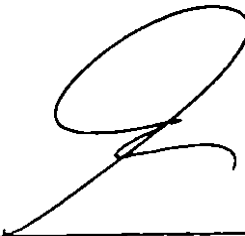
BY TXDQC

REC'D RIDOS BSD
24 NOV 7 AM 10:35:45

I KOREA CARBUCCIA,

Declare THAT I AM THE SOLE DIRECTOR
of RI Community Health Workers Coop
ID # 001766486.

As of 11/4/2024 I Request Dissolution of
RI Community Health Workers Coop
ID # 001766486

Signature: 
PRINT: KOREA CARBUCCIA