



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: 000080152	2. The name of the limited liability company is: DAPER REALTY ASSOCIATES, LLC
3. The date of filing of its original Articles of Organization was: 06/24/1994	
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: AMENDED 7/21/2020	
5. The reason(s) for filing the Articles of Dissolution are: LLC WAS FOR MANAGING REAL ESTATE LOCATED IN WARWICK, RI. PROPERTY WAS SOLD IN JUNE 2024 AND LLC CLOSED DOWN.	
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: <p style="text-align: center;"><i>N/A</i></p> <p style="text-align: center;">RI DOS MADE NON-SUBSTANTIVE EDITS</p>	

MAIL TO:

Division of Business Services

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


Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

NOV 08 2024

BY *S. D. ANG*
11/20

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 .]		
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY		
<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	
DAVID P. FEENEY	59 JENKINS COURT	
City/Town	State	Zip Code
NORTH KINGSTOWN	RI	02852
Signature of Authorized Person		Date
		11/7/24

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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 _____



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:

November 08, 2024 11:35 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

