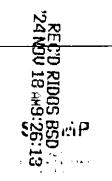


## State of Rhode Island Department of State - Business Services Division

## Articles of Dissolution

DOMESTIC Limited Liability Company

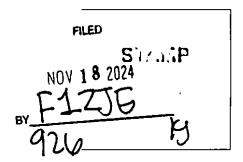
→ Filing Fee: \$50.00



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

1. Entity ID Number:	1. Entity ID Number: 2. The name of the limited liability company is:					
.001767538	Habib 11	<u> </u>				
		_	<b>r</b>			
3. The date of filing of its original /	Articles of Organization was:	01	08	2024		
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:						
5. The reason(s) for filing the Articles of Dissolution are:						
No longer nie ded.						
5						
6. State any other information or	nrovision not inconsistent w	ith law y	which the	e members or authorized	d nerson signing the	
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:						
Articles of Dissolution elect to set	IORAL					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , 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						
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.						
Small Aderibight	Street Address 20 Perry St.					
City/Town	State	Zip Code				
Central Falls	RI	02863				
Signature of Authorized Person		Date 11 18 24				
Central Falls Signature of Authorized Person	RI	ļ				

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 18, 2024 09:26 AM

Treng M. Course

Gregg M. Amore Secretary of State

