## 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:

2. The name of the limited liability company is:

000577202

1135 ROOSEVELT LLC

3. The date of filing of its original Articles of Organization was: 2 - 4 - 201/

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:

SOID PROPERTY

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:

MEMBER

FILED

NOV 21 2024 2:1100

BY LICS TBG98

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 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   |                          |                    |
| 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  | Street Address 1 5 teenz | Pd                 |
| City/Town<br>GRZENU//Z   | State R_T                | Zip Code 0 5 8 5 8 |
| Signature of Authorized Person   |                          | Date 11-21-24      |
|  |                          |                    |