

Department of State - Business Services Division

REC'D RIDOS BSD '24 NOU 22 AM9:32:2

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of <u>RIG</u> Articles of Dissolution:	<u>L 7-16-47</u> , the undersigned hereby submits the following
1. Entity ID Number:	2. The name of the limited liability company is:
1780401	GARGSTERS WIFE LIC
3.The date of filing of its original	Articles of Organization was: W15 24
4. The dates of filing of all amen all subsequent amendments the	dments to the original Articles of Organization or the most recent restatement, if any, and
5. The reason(s) for filing the Ar	ticles of Dissolution are:
No Longu	e needed
6. State any other information of	r provision, not inconsistent with law, which the members or authorized person signing the
Articles of Dissolution elect to se	et forth:

RI DOS MADE NON-SUBSTANTIVE EDITS

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 2 2024

NOV 2 3 2024

NOV 2 3 2024

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) 10-15-24			
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 ANONA PRINCIPA PRINCIPA ANONA OFFICE OF AUTHORIZED PERSON AND ANONA ANONA	Street Address 20 Whelden -	Ave #103	
EAST Providence	State RJ	Zip Code 02914	
Signature of Authorized Person		Date 11-22-24	