

State of Rhode Island

State of Rhode Island

Department of State - Business Services Division State

Office V



Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

2024 DFC 23 PM 2: 38 2024 DEC -3 PH 12:123/1P

Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned hereby submits the following Articles of Dissolution:				
1. Entity ID Number:	The name of the limited liability company is:			
000950845	South County Anesthesia Associates, LLC			
3. The date of filing of its original Articles of Organization was: 06/24/2014				
The dates of filing of all amerall subsequent amendments the	ndments to the original Articles of Organization or the most recent restatement, if any, and ereto:			
	1			
5. The reason(s) for filing the Articles of Dissolution are:				
The business has ceased	l all operations and closed.			
State any other information of Articles of Dissolution elect to s	r provision, not inconsistent with law, which the members or authorized person signing the et forth:			

MAIL TO:

Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDYALLP

DEC 23 2024

FORM 404 - Revised 12/2023

7. The limited tiability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited tiability 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			
Effective date (which shall be a date certain)			
Under penalty of perjury, I declare and affirm that I have accompanying attachments, and that all statements con			
Name of Authorized Person	Street Address		
Henry Cabrera	3812 Commodore Perry Highway		
City/Town	State	Zip Code	
South Kingstown	RI	02879	
Signature of Authorized Person		Date	
		12/18/24	