



State of Rhode Island  
Department of State - Business Services Division

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**Articles of Dissolution**

DOMESTIC Limited Liability Company

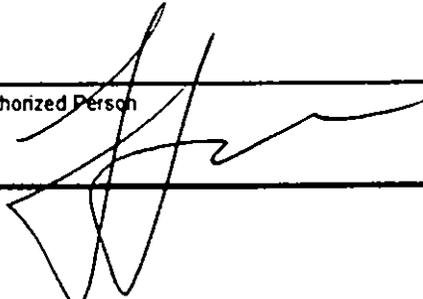
→ Filing Fee: \$50.00

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

1. Entity ID Number: 1710465	2. The name of the limited liability company is: JBF LLC
3. The date of filing of its original Articles of Organization was: 07-23-2020	
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: MOVED OUT OF STATE	
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: MOVED OUT OF STATE. WORKED WITH TAX ANC COMPLIANCE DEPARTMENT AND AM CURRENT ON ALL PAYMENTS AND HAVE RECEIVED LETTER OF GOOD STANDING.	

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  
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BY OFKDH  
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FORM 404 - Revised 12/2023

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 <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]		
8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b>		
<input type="checkbox"/> Date received (Upon filing)		
<input checked="" type="checkbox"/> Effective date (which shall be a date certain) <u>12/31/2024</u>		
<i>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.</i>		
Name of Authorized Person	Street Address	
JEROD FOOS	4913 CARLTON CROSSING	
City/Town	State	Zip Code
DURHAM	NC	27713
Signature of Authorized Person	Date	
	12/27/2024	

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](mailto:corporations@sos.ri.gov).