



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: <i>001750681</i>	2. The name of the limited liability company is: <i>HARRIS & CREW MOVERS LLC</i>
3. The date of filing of its original Articles of Organization was: <i>1-5-2023</i>	
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: <i>[Empty box]</i>	
5. The reason(s) for filing the Articles of Dissolution are: <i>Lack of work, NO BUSINERS.</i>	
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: 	

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

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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 <i>Voconorot Harris</i>		Street Address <i>16 Elenast</i>	
City/Town <i>North Providence</i>	State <i>RI</i>	Zip Code <i>02904</i>	
Signature of Authorized Person <i>Vacant Harris</i>		Date <i>12/30/24</i>	