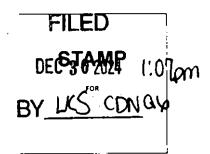
	Rhode Island nent of State	e - Business Ser	vices Bivision	
Articles of Di DOMESTIC Limited → Filing Fee: \$5	Liability Comp	any	2024 DEC 30 (PM 1: 05)	TOT NOV -8
Pursuant to the pro Articles of Dissolution		<u>.7-16-47</u> , the unders	igned hereby submits the following	
1. Entity ID Numbe	er:	2. The name of the	limited liability company is:	52
000834528		ANTONETTA	MORETTI, LLC	
3.The date of filing	g of its original A	Articles of Organization	on was. 9-11-2013	
5. The reason(s) f	or filing the Artic	cles of Dissolution ar	e:	
COMPANY CI	EASED OPE	RATIONS		
6. State any other				1

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



liability company has paid all fees and taxes. 8. Date when these Articles of Dissolution will				
Date received (Upon filing)				
Effective date (which shall be a date cert	ain)			
Under penalty of perjury, I declare and affirm a accompanying attachments, and that all state				
Name of Authorized Person	Street Address	Street Address		
ANTONETTA MORETTI	69 ROLLINGW	69 ROLLINGWOOD DRIVE		
City/Town	State	Zip Code		
JOHNSTON	RI	02919		
Signature of Authorized Person	Date			
		9-26-24		

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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 30, 2024 01:07 PM

Treng M. Course

Gregg M. Amore Secretary of State

