

RECEIVED SECRETARY EF STATE CORPORATIONS DIV 2025 JAN -6 AM 11: 30

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

| Pursuant to the provisions of <u>RIGL 7-16-47</u> , the undersigned here Articles of Dissolution: | eby submits the following | | |
|--|--------------------------------------|----------------------|--|
| Entity ID Number: 2. The name of the limited liability company is: | | | |
| 00/723651 Three Grou | ves Education, l | -LC | |
| 3. The date of filing of its original Articles of Organization was: $May/0, 2021$ | | | |
| 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: | | | |
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| 5. The reason(s) for filing the Articles of Dissolution are: $\mathcal{N}_{\mathcal{O}}$ | longer doing k | ousiness. | |
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| 6. State any other information or provision, not inconsistent with Articles of Dissolution elect to set forth: | law, which the members or authorized | d person signing the | |
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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 11:30
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BY N3Py3

| 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) | | | |
| 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 Diana B. Teshi | Street Address 30 Mechan | ic Street | |
| Wake field, RI | State RI | Zip Code 02879 | |
| Signature of Authorized Person B T Z S m | | Date 12-31-24 | |