



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2022  
Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001728616</b>		2. Exact name of the Limited Liability Company <b>Distributions Excellence LLC</b>	
3. NAICS Code <b>541611</b>		4. Brief description of the character of business conducted in Rhode Island <b>management &amp; consulting</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>165 Camp St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Justin Lema</b>		Contact Title <b>Owner</b>	
Street Address <b>30 Victoria St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person <b>Justin Lema</b>			Date <b>02/13/25</b>
Signature of Authorized Person <b>Justin Lema</b>			

FILED

FEB 13 2025

BY 25NY2  
*AL*

MAIL TO:

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



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: <b>001728616</b>	2. The name of the limited liability company is: <b>Distributions Excellence LLC</b>
3. The date of filing of its original Articles of Organization was: <b>08-26-2021</b>	
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:  <b>n/a</b>	
5. The reason(s) for filing the Articles of Dissolution are:  <b>Zero activity</b>	
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:  <b>n/a</b>	

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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](mailto: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

Justin Lema

Street Address

30 Victoria St.

City/Town

Providence

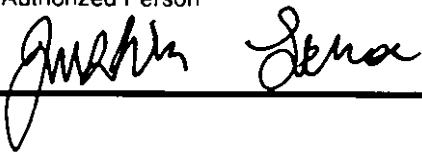
State

RI

Zip Code

02909

Signature of Authorized Person



Date

02/13/2025