RI SOS Filing Number: 202564823240 Date: 2/13/2025 3:23:00 PM



State of Rhode Island Department of State - Business Services Division

PRECID RIDGS BSD 25 FEB 13 PRO12312

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

- 1. Entity ID Number:

 2. The name of the limited liability company is:

 A Hoping Hand LLC
- 3. The date of filing of its original Articles of Organization was: 04/13/2024
- 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:

na

5. The reason(s) for filing the Articles of Dissolution are:

Zero activity

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:

nla

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 3 2025 TA 3:23

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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	Street Address	
Ambleonna Thompson	165 Camp St. Apt. 2	
City/Town	State	Zip Code
Providence	RI	939.06
Signature of Authorized Person ANDRE MANAGEMENT SIGNATURE OF AUTHORIZED PERSON SIGNATURE OF AUTHORIZED PERSON ANDRE MANAGEMENT SIGNATURE OF AUTHORIZED PERSON SIGNATURE OF AUTHORIZED PERSON ANDRE MANAGEMENT SIGNATURE OF AUTHORIZE		Date 0a 13 25



STATE OF RHODE ISLAND DEPARTMENT OF ADMINISTRATION DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 02908

JUSTIN LEMA 30 VICTORIA ST PROVIDENCE, RI 02909

LETTER OF GOOD STANDING

It appears from our records that A HELPING HAND LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. A HELPING HAND LLC is in good standing with the Rhode Island Division of Taxation as of 01/30/2025. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

DISSOLUTION

This letter of good standing is valid <u>only</u> for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NICOLE BROADY

Supervising Revenue Officer

Neena Savage

Tax Administrator

990639025:22565855 DLN: 10018876371 RI SOS Filing Number: 202564823240 Date: 2/13/2025 3:23:00 PM



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:

February 13, 2025 03:23 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

