



REC'D RIGOS BSD  
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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>	

**FILED**

**FEB 13 2025**

**STAMP**

**BY 25112 3:38**

**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)

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

Justin Lema

Street Address

30 Victoria St.

City/Town

Providence

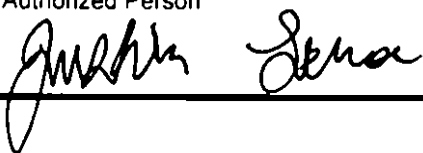
State

RI

Zip Code

02909

Signature of Authorized Person



Date

02/13/2025