



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JAN 30 AM 11:35:40

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: 001670611 | 2. The name of the limited liability company is: K-9 BEITZ LLC |
| 3. The date of filing of its original Articles of Organization was: 2/1/17 | |
| 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. | |
| 5. The reason(s) for filing the Articles of Dissolution are: need to close LLC can not afford it and never used it. | |
| 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: | |

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
FEB 10 2025 4:07
BY **TSHA5**
[Signature]

| | | |
|---|---|-------------------|
| 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-3, 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 | | |
| <input type="checkbox"/> Date received (Upon filing) | | |
| <input checked="" type="checkbox"/> Effective date (which shall be a date certain) <u>12/31/24</u> | | |
| <i>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.</i> | | |
| Name of Authorized Person Deborah DeFosses | Street Address 7 Clay Street / 129 main St Suite 204 | |
| City/Town Ashaway | State RI | Zip Code 02804 |
| Signature of Authorized Person  | | Date 12/31/24 |



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:

February 10, 2025 04:07 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

