RI SOS Filing Number: 202565655200 Date: 2/25/2025 10:56:00 AM



Articles of Dissolution  DOMESTIC Limited Liability Company		STAIGP	
<i>,</i>		<del>Ğd</del>	
→ Filing Fee: \$50.00		٦	
Pursuant to the provisions of Articles of Dissolution:	f <u>RIGL 7-16-47</u> , the undersigned hereby submits the followi		
1. Entity ID Number:	2. The name of the limited liability company is:	ATES LIC	
000314900	HOLDEN DEVELOPMENT ASSOCI	ATES, LLC	
3.The date of filing of its or	iginal Articles of Organization was: 03-19-2008		
The dates of filing of all all subsequent amendment	amendments to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the matches to the original Articles of Organization or the original Articles or the original A	nost recent restatement, if any, and	
N/A			
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5. The reason(s) for filing t	he Articles of Dissolution are:		
•			
Entity not being used	•		
	ion or provision, not inconsistent with law, which the member	ers or authorized person signing the	
Articles of Dissolution elect to set forth:			
l			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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			
Thomas F. Guerra	235 Promenade Street, Suite 100			
City/Town	State	Zip Code		
Providence	RI	02908		
Signature of Authorized Person	<u> </u>	Date		
Thomas Guerry		2/13/2025		

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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 25, 2025 10:56 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

