



State of Rhode Island  
Department of State - Business Services Division

**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:

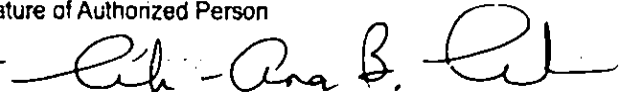
1. Entity ID Number: <b>001750551</b>	2. The name of the limited liability company is: <b>Darlin' Doody LLC</b>
3. The date of filing of its original Articles of Organization was: <b>1/4/23</b>	
4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto: <b>N/A</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>Moved to New York State</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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RI, DEPT. OF STATE  
BUS SVCS DIV  
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2025 MAR - 3 A 9:05

**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)

**FILED**  
**MAR 03 2025**  
BY **34886**  
**AA. 9:05 AM.**

<p>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 <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a>.)</p>		
<p>8. Date when these Articles of Dissolution will be effective: <b>CHECK ONE BOX ONLY</b></p>		
<p><input type="checkbox"/> Date received (Upon filing)</p>		
<p><input checked="" type="checkbox"/> Effective date (which shall be a date certain) <u>12/31/24</u></p>		
<p><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></p>		
<p>Name of Authorized Person</p> <p>Celeste-Ana B. Cabot</p>		<p>Street Address</p> <p>204 Hall Road</p>
<p>City/Town</p> <p>Johnsonville</p>	<p>State</p> <p>NY</p>	<p>Zip Code</p> <p>12094</p>
<p>Signature of Authorized Person</p> <p></p>		<p>Date</p> <p>1/26/25</p>

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



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:

March 03, 2025 09:05 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

