RI SOS Filing Number: 202568273320 Date: 3/24/2025 2:53:00 PM



State of Rhode Island Department of State - Business Services Division

RECEIVED R.J. DEPT. OF STATE DUS SVOS CIVA.

2025 IMR 24 P 2: 53

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

| Pursuant to the provisions of <u>RIG</u> Articles of Dissolution. | L 7-16-47, the undersigned hereby submits the following | | |
|---|--|--|--|
| 1. Entity ID Number: | 2. The name of the limited liability company is: | | |
| 000105796 | Ship Center, LLC | | |
| 3.The date of filing of its original | Articles of Organization was: April 7, 1999 | | |
| 4. The dates of filing of all amen all subsequent amendments the | dments to the original Articles of Organization or the most recent restatement, if any, and reto: | | |
| 5. The reason(s) for filing the Art | icles of Dissolution are: | | |
| Company is no longer ope | erating | | |
| 6. State any other information or Articles of Dissolution elect to se | provision, not inconsistent with law, which the members or authorized person signing the et 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 MAR 2 4 2025 BY 1 2 4 2025

| 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 | | | |
|--|------------------------------|----------|--|
| | | | |
| 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. Hudson | 245 Waterman St., Suite #403 | | |
| City/Town | State | Zıp Code | |
| Providence | RI | 02906 | |
| Signature of Authorized Person. | Date | | |
| the F. Studen | | 03/18/25 | |

RI SOS Filing Number: 202568273320 Date: 3/24/2025 2:53:00 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:

March 24, 2025 02:53 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

