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FOR SECRETARY OF STATE USE ONLY

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of <u>RIGL 7-16-47</u>, the undersigned hereby submits the following Articles of Dissolution:

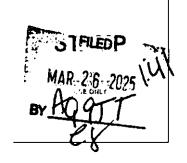
1. Entity ID Number:	2. The name of the limited liability company is:			
001786545	736 Broad St. LLC			
3. The date of filing of its original Articles of Organization was: March 3, 2025				
4. The dates of filing of all am all subsequent amendments t N/A	tendments to the original Articles of Organization or the most recent restatement, if any, and thereto:			
5. The reason(s) for filing the				
Entity formed not require	ed.			
State any other information Articles of Dissolution elect to N/A	or provision, not inconsistent with law, which the members or authorized person signing the set forth:			
1977				

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		
GREGORY J. COSTANTINO	21 Greenwood Lane		
City/Town	State	Zip Code	
Lincoln	RI	02865	
Signature of Authorized Person		Date	