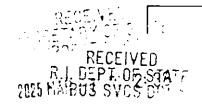


State of Rhode Island

Department of State - Business Services Division



2025 MAR 24 P 2: 50

Articles of Dissolution

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of <u>RIGL 7-6-54</u> , the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:			
1. Entity ID Number:	2. The name of the corporation is:	-	
001690196	The Cake Pro	ject Inc	.
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY			
The resolution to dissolve the corporation was adopted at a meeting of members held on, at which meeting a quorum was present, and the resolution received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.			
The resolution to dissolve the corporation was adopted by a consent in writing on, signed by all members entitled to vote with respect thereto.			
The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on \(\frac{12-15-24}{2-15-24}\), and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.			
4. Has the corporation adopted a plan of distribution? Yes or No If yes please attach the plan and check the box to indicate the attachment			
5. All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore. All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of RIGL <u>7-6</u> . There are no suits pending against the corporation in any court in respect of which adequate provision has not been made for the satisfaction of any judgment, order or decree, which may be entered against it.			
Under penalty of perjury, we declare and affirm that we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.			
* TWO SIGNATURES ARE REQUIRED*		. <u>. </u>	
Type or Print the Name of President	or Vice President		Date
Michelle De	Santis		1-14-25
Signature of President or Vice President Whichelle Manleo			
Type or Print the Name of the Secretary Monica Per	_		Date 2 10 25
Signature of Secretary or Assistant Secretary			
Monica	Perey	<u> </u>	
MAIL TO:		0-11	
Division of Business Services		1,427	2025
148 W. River Street, Providence, Rhoo	de Island 02904-2615	MAR 2	ZUZ5 🔏 💍
Phone: (401) 222-3040 Website: www.sos.ri.gov		BY 75	GNA
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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.

RI SOS Filing Number: 202568716250 Date: 3/24/2025 2:50:00 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 02:50 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

