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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 RIGL 7-16-47, the undersigned hereby submits the following Articles of Dissolution:

1. Entity ID Number: <u>001721892</u> 001721892	2. The name of the limited liability company is: <u>One Alternative Medical</u>
3. The date of filing of its original Articles of Organization was: <u>04/07/2021</u>	
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:	
5. The reason(s) for filing the Articles of Dissolution are: <u>Have not used the LLC since opening it 4/2021</u>	
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:	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FOR
APR 11 2025
BY KDEGK
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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 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) 06/01/2021

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

Mayelin Pacheco Nunez

188 Laurens St

City/Town

State

Zip Code

Cranston

RI

02910

Signature of Authorized Person

Date

Mayelin Pacheco Nunez

4/11/2025