RI SOS Filing Number: 202571137770 Date: 4/23/2025 4:29:00 PM



## State of Rhode Island

**Department of State - Business Services Division** 

## **Articles of Dissolution**

**DOMESTIC Non-Profit Corporation** 

→ Filing Fee: \$10.00



Pursuant to the provisions of RIGL 7-6-54, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:		
1. Entity ID Number: 2. The n	ame of the corporation is: Family En The Re-Ovientation Re	powerment and
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     \limits 27/1024   \tag{and} 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  fyles 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*		
Type or Print the Name of President or Vice Pres	sident	Date 4/24/2025
Signature of President or Vice President  Company of President or Vice President		
Type or Print the Name of the Secretary or Assist	tant Secretary	Date 4/24/2025
Signature of Secretary or Assistant Secretary  [ton Oholium		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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.

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FORM 203 - Revised 12/2023

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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:

April 23, 2025 04:29 PM

Gregg M. Amore

Tregs M. Coure



