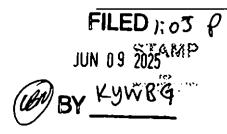
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na e e	The second secon	REPE
articles of Dissolu	tion	STATE
OMESTIC Limited Liability	Company	- 164 - 1003-2 M
→ Filing Fee: \$50.00		(175 25 W 2-9
ursuant to the provisions of rticles of Dissolution:	f RIGL 7-16-47, the undersigned hereby submits the following	ng /
. Entity ID Number:	2. The name of the limited liability company is:	
0017827401		
The date of filing of its or	iginal Articles of Organization was: 12/11/2024	ost recent restatement, if any, and
3. The date of filing of its or	iginal Articles of Organization was: 12/11/2024	ost recent restatement, if any, and
3. The date of filing of its or 4. The dates of filing of all a all subsequent amendmen	iginal Articles of Organization was: 12/11/2024	ost recent restatement, if any, and
3. The date of filing of its or its or its or its of all its of all its or its	iginal Articles of Organization was: 12/11/2024 amendments to the original Articles of Organization or the mass thereto:	•
3. The date of filing of its or its or its or its of all subsequent amendments. The reason(s) for filing the its or its o	iginal Articles of Organization was: 12/11/2024 amendments to the original Articles of Organization or the mass thereto:	•
3. The date of filing of its or its or its or its of all its of all its or its	iginal Articles of Organization was: 12/11/2024 amendments to the original Articles of Organization or the mass thereto:	•

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			
Arun Srinvasan	11 Ellis Road			
City/Town	State	Zip Code		
Norton	MA	02766		
Signature of Authorized Rerson		Date .		
J. Jon		05/14/2025		

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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:

June 09, 2025 01:05 PM

Gregg M. Amore Secretary of State

Treg M. Coure

