



State of Rhode Island
Department of State - Business Services Division

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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: 001659825	2. The name of the corporation is: Columbia Alumni Association of Rhode Island
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 <u>May 30, 2025</u> , 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 7-6. 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.	
<i>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.</i>	
* TWO SIGNATURES ARE REQUIRED *	
Type or Print the Name of President ☒ or Vice President ☐ Nada Popovic	Date June 19, 2025
Signature of President or Vice President 	
Type or Print the Name of the Secretary ☒ or Assistant Secretary ☐ Nada Popovic	Date June 19, 2025
Signature of Secretary or Assistant Secretary 	

MAIL TO:

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

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BY 594V7

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.

Nada Popovic

320 Wayland Avenue, #5
Providence, RI 02906
(203) 438-5138
nadapopovic@sbcglobal.net

6/20/2025

Attention: State of RI Department of State – Business Services Division, ARTICLES OF DISSOLUTION, Addendum

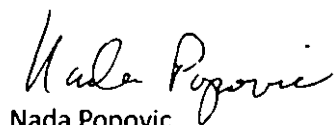
Reference: Columbia Alumni Association of RI, Entity ID #001659825, Non-Profit

I am writing this letter to explain why I am the signatory as both President and Secretary for the "Articles of Dissolution" form for the Columbia Alumni Association of RI, form dated 6/19/2025.

The Alumni Association, a non-profit, has basically been "inactive" for more than a year. The Co-President moved out of state, to New Jersey, and the other officer was inactive. I was not able to get anyone to become a new board member, and all activities were poorly attended. We did not receive donations from members or from the university. It was not possible to continue this school association, and I was no longer interested in handling everything on my own. Because there are no other active officers or members, there was no one else available to sign the form. I became the sole officer of the association, covering all offices.

Please contact me at (203) 438-5138 if there are any questions, or if further information is required.

Sincerely,



Nada Popovic

President of Columbia Alumni Association of RI





State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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 20, 2025 02:16 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

