



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
25 JUL 15 AM 11:18:00

Articles of Dissolution

DOMESTIC Limited Liability Company

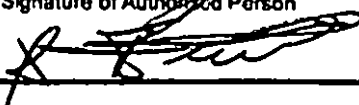
→ Filing Fee: \$50.00

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

1. Entity ID Number: 01698282	2. The name of the limited liability company is: FF Appliances LLC
3. The date of filing of its original Articles of Organization was: 07/22/2019	
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: n/a	
5. The reason(s) for filing the Articles of Dissolution are: Closed business ON 12/31/2024	
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: N/A	

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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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) <u>12/31/2024</u>		
<i>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.</i>		
Name of Authorized Person Fernando Fernandez	Street Address 513 Potters Ave	
City/Town Providence	State RI	Zip Code 02907
Signature of Authorized Person 		Date 06/10/2025

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.

FORM 404 - Revised: 12/2023



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:

July 15, 2025 11:20 AM

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

Gregg M. Amore
Secretary of State

