



State of Rhode Island
Department of State - Business Services Division

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 Entry ID Number 001693418	2 The name of the limited liability company is Flora and Fir LLC
3 The date of filing of its original Articles of Organization was 02-28-2019	
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	
5 The reason(s) for filing the Articles of Dissolution are discontinuing garden work and closing down business	
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	

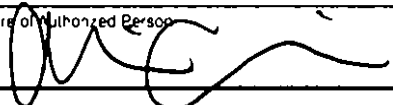
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FILED

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 016E290
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7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-15-8, the limited liability company has paid all fees and taxes. (Note: tax status can be verified by emailing taxcollections@tax ri.gov)		
8. Date when these Articles of Dissolution will be effective. CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing) _____ <input type="checkbox"/> 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	
Alisa Catani	19 Briarwood Drive	
City/Town	State	Zip Code
Barrington	RI	02806
Signature of Authorized Person		Date
		July 9, 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 24, 2025 11:46 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

