



**State of Rhode Island  
Department of State - Business Services Division**

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

**STAMP**

FOR  
RECEIPT  
SECRETARY OF STATE  
USE ONLY  
R.I. DEPT. OF STATE  
BUS SVCS DIV

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

2025 AUG -7 A 10:27

1. Entity ID Number: <b>149750</b>	2. The name of the limited liability company is: <b>NAK Fruits LLC</b>
3. The date of filing of its original Articles of Organization was: <b>8/5/2005</b>	
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: <b>Closed Business</b>	
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:	

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

**FILED**  
AUG 07 2025  
BY **WYK NW**  
SECRETARY OF STATE  
USE ONLY

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](mailto: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)

9/3/2025

*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

THEODORA KOSISIN

Street Address

92 STAGECOACH Rd

City/Town

Portsmouth

State

RI

Zip Code

02871

Signature of Authorized Person

Theodore Kosisin

Date

8/4/25



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:

August 07, 2025 10:27 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*

