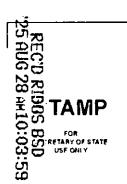


## Articles of Dissolution DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



| Pursuant to the provisions of <u>RIGL</u><br>Articles of Dissolution:  | . <u>7-16-47,</u> the undersigned hereby submits the following |  |  |  |
|--|--|--|--|--|
| Entity ID Number:  | 2. The name of the limited liability company is:               |  |  |  |
| 001770484  | FM TRUCKING SERVICES LLC                                       |  |  |  |
| 3.The date of filing of its original Articles of Organization was: 03/06/2024  |  |  |  |  |
| 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:   |  |  |  |  |
| Never used.  |  |  |  |  |
|  |  |  |  |  |
| 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 FILED 10:03A STAMP AUG 28 2025

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| 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 |                                   |  |
| NORSIN FERNÁNDEZ   | 575-Dyer 1     | AUK Apt 1682<br>Zip Code<br>02920 |  |
| City/Town  | State          | Zip Code                          |  |
| creustan   | P.J.           | 02920                             |  |
| Signature of Authorized Person   | •              | Date                              |  |
| The state of the s |                | 03/28/25                          |  |
|  |                |                                   |  |