RI SOS Filing Number: 202577919460 Date: 8/29/2025 12:14:00 PM



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

REC'D RIDOS BSD 125 AUG 29 PM 12: 10:5

## **Articles of Dissolution**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

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

| 1. | Entity | ID | Number: |  |
|----|--------|----|---------|--|
|    | •      |    |         |  |

2. The name of the limited liability company is:

001747256

**GESHIPPER LLC** 

- 3. The date of filing of its original Articles of Organization was: 10/13/2022
- 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

The reason(s) for filing the Articles of Dissolution are:

NO LONGER IN BUSINES

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 AUG 2 9 \$2025 P P

| 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)   |                |          |  |  |  |  |
| 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 |          |  |  |  |  |
| NOURULALT GUSBANON   | 147 IRDQU      | OJS AD   |  |  |  |  |
| City/Town  | State          | Zip Code |  |  |  |  |
| CV MBERLAND  | RI             | 02864    |  |  |  |  |
| Signature of Authorized Person Date  |                |          |  |  |  |  |
| NOVAULUE GUS   | BINOU          | 902.2025 |  |  |  |  |

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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 29, 2025 12:14 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

