RI SOS Filing Number: 202579696080 Date: 10/16/2025 2:40:00 PM



State of Rhode Island Department of State - Business Services Division

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Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of <u>RIGL</u>				
Articles of Dissolution: 1. Entity ID Number:	2. The name of the limited liability assessment.			
001745602	The name of the limited liability company is: AdviniaCare Bristol Rehab Center, LLC			
3. The date of filing of its original /	Articles of Organization was: September 1, 2022			
 The dates of filing of all amend all subsequent amendments there 	lments to the original Articles of Organization or the most recent restatement, if any, and eto:			
None	ı			
5. The reason(s) for filing the Artic	cles of Dissolution are:			
The members of the Company have determined that it is in the best interest of the Company to dissolve				
6. State any other information or r	provision, not inconsistant with law, which the members are when it			
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:				
None				
110.110				

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**

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FORM 404 - Revised 12/2023

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7. The limited liability company configuration that is to a		
7. The limited liability company certifies that it has r liability company has paid all fees and taxes. [Note	no outstanding tax obligation : tax status can be verified b	is. As required by RIGL 7-16/8 the limited
8. Date when these Articles of Dissolution will be ef	ffective: CHECK ONE BOX	ONLY
Date received (Upon filing)		85D 37:22
Effective date (which shall be a date certain)		N
Under penalty of perjury, I declare and affirm that I accompanying attachments, and that all statements	have examined these Article	s of Dissolution, including any
Name of Authorized Person	Street Address	no coneci.
Frederick S. Frankel	4655 W Chase A	venue
City/Town	State	Zip Code
Lincolnwood	łL	60712
Signature of Authorized Person FULL S QUE	7	Date September 25, 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.

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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:

October 16, 2025 02:40 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

