State of Rhode Island and P		.		Γ	
Department of State	- Business Servi	ces Division		1	I
		R.I. DE	ECEIVED PT. OF STATI	E	و المحمد مع الله الله المحمد المحم
Articles of Dissolution DOMESTIC Non-Profit Corpo	rotion	BUS	SVCS DIV		STAMP
•		2017 JUI	27 AM 11:2	77	Por Secretary of State Use Oney
\rightarrow Filing Fee: \$10.00					- 1 1 1 1
Pursuant to the provisions of RIGL <u>7-6-54</u> , the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:					
1. Entity ID Number:	2. The name of the co	prporation is:		· · · · · ·	
29541	South EASTER	en New Eng	YLAND 4	~///qi	re
DEALERS ASSOCIATION LIC,					
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY					
The resolution to dissolve the corporation was adopted at a meeting of members held on, at which meeting a quorum was present, and the resolution received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.					
The resolution to dissolve the corporation was adopted by a consent in writing on, signed by all members entitled to vote with respect thereto.					
The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on $\underbrace{\mathcal{J}}$					
4. Has the corporation adopted a plan of distribution? Yes or No reference of the plan and check the box to indicate the attachment.					
5. All debts, obligations, and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefore. All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of RIGL <u>7-6</u> . There are no suits pending against the corporation in any court in respect of which adequate provision has not been made for the satisfaction of any judgment, order or decree, which may be entered against it.					
Under penalty of perjury, we declar accompanying attachments, and th	re and affirm that we h hat all statements cont	ave examined these A ained herein are true	Articles of Disso and correct.	olution, incl	uding any
Type or Print the Name of President I of ANTHONY Game	r Vice President			Date	126/17
Signature of President or Vice President	=			//	
SIGN DOCUMENT HERE					
Type or Print the Name of the Secretary \mathbf{P}	or Assistant Secretary \Box $\mathcal{M} \in S$			Date	126/17
Signature of Secretary or Assistant Secretar		······			
g. pyce games	SIGN DC	CUMENT HERE			
TWO SIGNATURES ARE REQUIRED					
		FILED	<u> </u>		
MAIL TO:			11:27		STAMP
Division of Business Services 148 W. River Street, Providence, Rhode	Island 02004 2615	JUL 2 7 2017	W^{-r}		
Phone: (401) 222-3040 Website: www.sos.ri.gov		M 30919) L		2008
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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 203 - Revised: 06/2016



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, 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 27, 2017 11:27 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

