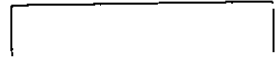




State of Rhode Island  
Department of State - Business Services Division



**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED MP  
R.I. DEPT. OF STATE  
BUS SVCS. DIV.  
2020 DEC 29 P 2:33

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



|  |  |
|--|--|
| 1. Entity ID Number:<br>000274511  | 2. The name of the limited liability company is:<br>MEDI HEALTH AND WELLNESS LLC |
| 3. The date of filing of its original Articles of Organization was: 11/16/2017   |  |
| 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:<br>The name was changed from: WEIGHTLOSS CRANSTON L.L.C. on 01-05-2018                                      |  |
| 5. The reason(s) for filing the Articles of Dissolution are:<br>CLOSING THE BUSINESS   |  |
| 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:   |  |
| 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 at <a href="http://taxportal.ri.gov">taxportal.ri.gov</a> .] |  |


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)

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BY MTBJK

2:33

|  |                           |
|--|---------------------------|
| <b>8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY</b>  |                           |
| <input checked="" type="checkbox"/> Date received (Upon filing)  |                           |
| <input type="checkbox"/> Effective date (which shall be a date certain) _____  |                           |
| <i>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.</i> |                           |
| Type or Print Name of LLC<br><b>MEDI HEALTH AND WELLNESS LLC</b>   | Date<br><b>12/29/2020</b> |
| Signature of Authorized Person<br>  |                           |



State of Rhode Island  
**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,  
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:

December 29, 2020 02:33 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

