

State of Rhode Island

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 OCT -1 P 3:33

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 15-42, the undersigned hereby submits the following Articles of Dissolution:

1. Entity ID Number: <b>001664682</b>	2. The name of the limited liability company is: <b>AMDS LLC</b>
3. The date of filing of its original Articles of Organization was: <b>6/29/2016</b>	
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:  <b>N/A</b>	
5. The reason(s) for filing the Articles of Dissolution are:  <b>Moving to Germany</b>	
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:  <b>N/A</b>	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 15-3, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]	

**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**  
OCT 01 2021  
BY *AWHRK*

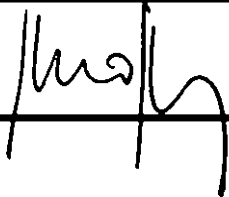
3:36

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 Antonio Manaigo	Street Address 21 Boylston Avenue	
City/Town Providence	State RI	Zip Code 02906
Signature of Authorized Person  Antonio Manaigo	Date 9/29/21	



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:

October 01, 2021 03:36 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

