



State of Rhode Island
Department of State - Business Services Division

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Articles of Dissolution
 DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-54, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: 000126651	2. The name of the corporation is: Bald Hill / Tollgate / Senior City Mobile Home TENANTS ASSN
3. A resolution to dissolve the corporation was adopted in the following manner: CHECK ONE BOX ONLY	
<input type="checkbox"/> 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.	
<input type="checkbox"/> The resolution to dissolve the corporation was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.	
<input checked="" type="checkbox"/> The resolution to dissolve the corporation was adopted at a meeting of the board of directors held on <u>8/10/2021</u> , and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.	
4. Has the corporation adopted a plan of distribution? Yes <input type="checkbox"/> or No <input checked="" type="checkbox"/> If yes please attach the plan and check the box to indicate the attachment. <input type="checkbox"/>	
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 7-6. 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 declare and affirm that we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print the Name of President <input type="checkbox"/> or Vice President <input checked="" type="checkbox"/>	Date
Lois Selter	1/19/22
Signature of President or Vice President	
Type or Print the Name of the Secretary <input type="checkbox"/> or Assistant Secretary <input type="checkbox"/>	Date
JANET NOKE	1/19/22
Signature of Secretary or Assistant Secretary	

TWO SIGNATURES ARE REQUIRED No Secretary for a couple of years.

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

JAN 21 2022

BY AKA/09

If you have any questions, please call us at (401) 222-3040, Monday through Friday,



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:

January 21, 2022 02:45 PM

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

Nellie M. Gorbea
Secretary of State

