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Articles of Dissolution

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Phone: (401) 222-3040 Website: www.sos.ri.gov RECEIVED P.H. DEPTLOF STATE PUS SYOS PLY

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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:	
Entity ID Number: 2. The name of the corporation is:	
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001712419 Hinisterio &	vangeristico de la Calle Doos te llama hou
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, 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 or No If yes please attach 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 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 or Vice President	Date
Xhamon hopez	1/27/23
Signature of President or Vice President	
Type or Print the Name of the Secretary or Assistant Secretary ARelys Velg 2 QUE 2	Date /-27-23.
Signature of Secretary or Assistant Secretary	
TWO SIGNATURES ARE REQUIRED	
	FILED
MAIL TO:	5 € 5 € 7 €
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615	J Ą N 2 7 2023

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: 08/2020

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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:

January 27, 2023 04:06 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

