



State of Rhode Island  
**Department of State - Business Services Division**

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 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION  
 2023 FEB 28 P 12:20

**Articles of Dissolution**  
 DOMESTIC Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1308 and 7-1.2-1309, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number: <b>000159067</b>		2. The name of the corporation is: <b>MedOp Behavioral Health Associates of Rhode Island, P.C.</b>	
3. The dissolution was approved by (CHECK ONE): <input checked="" type="checkbox"/> consent of the shareholders pursuant to RIGL <u>7-1.2-1302</u> OR <input type="checkbox"/> an act of the corporation pursuant to RIGL <u>7-1.2-1303</u> .			
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.		5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.	
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgement, order, or decree which may be entered against it in any pending suit.		7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL <u>7-1.2-1309</u> , the corporation has paid all fees and taxes. [Note: tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Officer <b>Ryan Pardo, Chief Legal Officer</b>		Date <b>2/27/2023</b>	
Signature of Authorized Officer of the Corporation <i>Ryan Pardo</i>			

**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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 FEB 28 2023  
 BY *[Signature]* 12:20

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](mailto:corporations@sos.ri.gov).



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

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:

February 28, 2023 12:20 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

