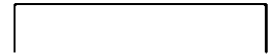




State of Rhode Island  
Department of State - Business Services Division



**Articles of Dissolution**  
DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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SECRETARY OF STATE  
USE ONLY

2023 MAR 30 A 10:25

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



1. Entity ID Number: <i>000092833</i>	2. The name of the limited liability company is: <i>JLLJ LLC</i>
3. The date of filing of its original Articles of Organization was: <i>12-30-1996</i>	
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:  <i>N/A</i>	
5. The reason(s) for filing the Articles of Dissolution are:  <i>NO LONGER NEEDED.</i>	
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:  <i>N/A</i>	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability company 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> .]	

**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)

*MS* FILED *1025*  
MAR 30 2023  
BY *1477*

8. Date when these Articles of Dissolution will be effective: <b>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>		
Name of Authorized Person	Street Address	
JOANNE J. KOENIGER	600 COLE FARM RD #A-46	
City/Town	State	Zip Code
WARWICK	R.I.	02882
Signature of Authorized Person	Date	
Joanne J. Koeniger	3/30/23	



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:

March 30, 2023 10:25 AM

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

Gregg M. Amore  
*Secretary of State*

