



State of Rhode Island  
Department of State - Business Services Division

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2023 AUG 15 9:13 AM

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

|   |   |
|---|---|
| 1. Entity ID Number:<br>001745973   | 2. The name of the limited liability company is:<br>B&B Taxi Services LLC |
| 3. The date of filing of its original Articles of Organization was: 09-12-2022  |   |
| 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:<br><br>N/A       |   |
| 5. The reason(s) for filing the Articles of Dissolution are:<br><br>Did Not work out, Closed  |   |
| 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:<br><br>N/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


FILED 9/13  
AUG 15 2023  
BY 9e7m9

7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

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<br>Omobola Sabau  |             | Street Address<br>34 Bridgham street |  |
| City/Town<br>Providence   | State<br>RI | Zip Code<br>02907                    |  |
| Signature of Authorized Person<br> |             | Date<br>8-15-2023                    |  |

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.



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:

August 15, 2023 09:13 AM

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

Gregg M. Amore  
*Secretary of State*

