RI SOS Filing Number: 202443674840 Date: 1/2/2024 2:22:00 PM



State of Rhode Island Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL of Dissolution for the purpose of di	_7-6-54, the undersigned corporation adopts the following	Articles
Entity ID Number:	2. The name of the corporation is:	
000026844	Emmanuel Baptist Church of Providence	ı.
3. A resolution to dissolve the cor	poration was adopted in the following manner: CHECK OI	NE BOX ONLY
which meeting a quorum was	corporation was adopted at a meeting of members held of present, and the resolution received at least a majority of pays at such meeting were entitled to cast.	on, at the votes which members
The resolution to dissolve the by all members entitled to vot	corporation was adopted by a consent in writing one with respect thereto.	, signed
The resolution to dissolve the 12/13/2023 entitled to vote with respect the	corporation was adopted at a meeting of the board of dire _, and received the vote of a majority of the directors in o nereto.	ectors held on ffice, there being no members
4. Has the corporation adopted a indicate the attachment.	plan of distribution? Yes or No If yes please attach	the plan and check the box to
made therefore. All of the remaining in accordance with the provisions	ities of the corporation have been paid and discharged, or ing property and assets of the corporation have been trans of RIGL <u>7-6</u> . There are no suits pending against the corporation made for the satisfaction of any judgment, order or	sferred, conveyed or distributed or action in any court in respect of
Under penalty of perjury, we declar accompanying attachments, and	are and affirm that we have examined these Articles of Dis that all statements contained herein are true and correct.	solution, including any
* TWO SIGNATURES ARE REQUIRED*		
Type or Print the Name of President		Date 12-22-2023
Signature of President or Vice President A Kuryy		
Type or Print the Name of the Secretary F.	or Assistant Secretary	0ate
Signature of Socretary or Assistant Secret	ary	
MAIL TO: Division of Business Services 148 W. River Street, Providence. Rhod Phone: (401) 222-3040 Website: www.sos.ri.gov	de Island 02904-2615	JAN 0 2 2024
f you have any questions, pleas	e call us at (401) 222-3040, Monday through Friday,	BY 10-PV

FORM 203 - Revised: 8/2023

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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 02, 2024 02:22 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

