State of Rhode Island Department of State - Business Services Division			EC'D F	
្រុក និងស្តីភ្លឺសេខាត់ស		•	29 POIDS	
Articles of Dissolut OMESTIC Limited Liability			N 29 PH4:24	
\rightarrow Filing Fee: \$50.00	- Company .	•••		
		-	-1	
ursuant to the provisions o rticles of Dissolution:	f <u>RIGL 7-16-47</u> , the undersigned hereby submits the following	3		
1. Entity ID Number:	2. The name of the limited liability company is:			
001723359	Topsail Interiors Home Staging, LLC		· • •	
3. The date of filing of its or	iginal Articles of Organization was: 05-04-2021	•		
. * · · ·				
5. The reason(s) for filing th	he Articles of Dissolution are:			
5. The reason(s) for filing the Business purpose cor				
Business purpose cor 5. State any other informati	ion or provision, not inconsistent with Jaw, which the members o	n authoriz	ed person signing the	
Business purpose cor 5. State any other informati	ion or provision, not inconsistent with Jaw, which the members o	nauthoriz	zed person signing the	
Business purpose cor 6. State any other informati	ion or provision, not inconsistent with Jaw, which the members o	nauthoriz	ed person signing the	
Business purpose cor	ion or provision, not inconsistent with Jaw, which the members o	nauthoriz	ed person signing the	

MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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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 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	Street Address				
Amanda Ulmen	47 WOOD AVE SUITE 2				
City/Town	State	Zip Code			
BARRINGTON	RI	02806			
Signature of Authorized Person		Date 12 4 23			

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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:

January 29, 2024 04:24 PM

Trey M. Coure

Gregg M. Amore Secretary of State

