

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**ARTICLES OF DISSOLUTION**

\_\_\_\_\_  
(Name of Corporation)

**Filing Fee \$10.00**

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-B MRSA §1104](#), the undersigned corporation executes and delivers for filing the following Articles of Dissolution for the purpose of dissolving the corporation.

- FIRST:** A statement of intent to dissolve the corporation was filed with the Secretary of State on \_\_\_\_\_ (date).
- SECOND:** All debts, obligations and liabilities of the corporation have been paid and discharged, or adequate provision has been made therefor.
- THIRD:** All remaining property and assets of the corporation have been distributed among its members in accordance with their respective rights and interests, or have been otherwise distributed pursuant to the articles or bylaws of the corporation, as long as the remaining property and assets of a public benefit corporation are transferred to a public benefit corporation engaged in activities substantially similar to those of the dissolving or liquidating corporation or to another entity pursuant to a conversion plan approved pursuant to Title 5, sections 194-B to 194-K.
- FOURTH:** There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.
- FIFTH:** All required Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Report covering the previous calendar year is not required.)
- SIXTH:** The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized officer: ([13-B MRSA §104.1.B](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**