

Filing Fee \$10.00

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

**VOLUNTARY DISSOLUTION
BY INCORPORATORS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §1101-A](#), the undersigned corporation adopts the following Voluntary Dissolution by Incorporators for the purpose of dissolving the corporation.

FIRST: The filing date of its articles of incorporation was _____.

SECOND: The corporation has not carried on activities.

THIRD: No debts of the corporation remain unpaid.

FOURTH: A majority of the incorporators consent to the dissolution of the corporation.

FIFTH: All required Annual Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Annual 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 _____
(incorporator)

(type or print name and capacity)

*By _____
(incorporator)

(type or print name and capacity)

*By _____
(incorporator)

(type or print name and capacity)

*This document **MUST** be signed by a majority of the **incorporators**.

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

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