

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

**VOLUNTARY DISSOLUTION
BY INCORPORATORS**

(Name of Corporation)

Filing Fee \$10.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

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**

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- ☐ Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- ☐ 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- ☐ Immediate expedited filing (same business day): **\$100** additional filing fee per entity

NOTE: Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

Payment can be made by check or money order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name of attested copy recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service

Department of the Secretary of State
Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS

Department of the Secretary of State
Corporations, UCC and Commissions
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330