



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) • Website: business.ct.gov • Email: bsd@ct.gov

CERTIFICATE OF DISSOLUTION - [Accessible Version Available](#)

NONSTOCK CORPORATION - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

FILING PARTY <i>(confirmation will be sent to this address):</i> NAME: ADDRESS CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:	NO FILING FEE
1. NAME OF CORPORATION <i>(required)</i> <i>(must exactly match the name as it appears in the records of the Secretary of the State, including the appropriate business designation, (e.g., Inc., Corp., Corporation, etc.):</i>	
2. DATE ON WHICH DISSOLUTION WAS AUTHORIZED <i>(required)</i> : (mm/dd/yyyy): ____ / ____ / ____	
3. METHOD OF DISSOLUTION <i>(required)</i> <i>(select only <u>one</u> box, A, B, <u>or</u> C, next to the applicable wording): A. The dissolution was authorized by approval of a majority of incorporators or initial directors. No debt of the corporation remains unpaid. The corporation has no member entitled to vote. The corporation has not commenced the activities for which it was incorporated. The net assets of the corporation remaining after winding up have been distributed as required by C.G.S. Sections 33-1000 to 33-1290. B. The proposal to dissolve was duly approved by the members in the manner required by sections 33-1000 to 33-1290 of the Connecticut General Statutes, and by the Certificate of Incorporation. C. The dissolution was authorized by resolution adopted by the board of directors. The corporation has no members, or no members entitled to vote upon dissolution.</i>	
4. EXECUTION / SIGNATURE <i>(required)</i> <i>(subject to penalty of false statement)</i> <i>(complete items A through D below):</i> A. NAME OF AUTHORIZED OFFICIAL <i>(hand print or type)</i> : _____ B. CAPACITY/ TITLE: _____ C. SIGNATURE: ► _____ D. DATE SIGNED (mm/dd/yyyy): ____ / ____ / ____	

CERTIFICATE OF DISSOLUTION

NONSTOCK CORPORATION

A Connecticut nonstock corporation may be dissolved by incorporators, initial directors, members or directors. Please consult The Connecticut Revised Nonstock Corporation Act to determine which of these methods are appropriate for your corporation.

Any questions concerning completion of this form or the dissolution process in general should be directed to the Corporation's own legal counsel.

After the necessary corporate action has been taken to authorize the dissolution, a Certificate of Dissolution must be filed with the Secretary of the State. Following dissolution, the affairs of the corporation must be wound up in the manner provided in The Connecticut Revised Nonstock Corporation Act.

NUMBERS CORRESPOND TO THE SECTION NUMBERS ON THE FORM

INSTRUCTIONS

1. NAME OF CORPORATION. Provide the full name of the corporation as it currently appears on the records of the Secretary of the State, including the business designation, (e.g., Inc., Corp., etc).

2. DATE DISSOLUTION WAS AUTHORIZED. Provide the month, day and year on which the incorporators, members, or directors, as applicable, authorized dissolution of the corporation.

3. METHOD OF DISSOLUTION. Check the box next to the method of dissolution used, A, B or C.

Check A if the dissolution was authorized by a majority of the corporation's initial directors or incorporators.

Check B if the dissolution was approved by members in the manner required by sections 33-1000 to 33-1290, inclusive, of the Connecticut General Statutes.

Check C if the dissolution was authorized by resolution adopted by the board of directors and the corporation has no members, or no members entitled to vote upon dissolution

4. EXECUTION/SIGNATURE. The document must be executed/signed by an authorized official of the corporation. That person must print or type their name, state the capacity/title under which they sign and provide a signature. **The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.**

OFFICE CONTACT INFORMATION

MAILING ADDRESS: BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
P.O. BOX 150470
HARTFORD CT 06115-0470

DELIVERY ADDRESS: BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
165 CAPITOL AVENUE, SUITE 1000
HARTFORD CT 06110

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