This legal document should be typed.
All illegible documents will be REJECTED.

Instructions for Filing Application for Certificate of Withdrawal for a Foreign Non-Profit Corporation

Section 7-6-83 of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

All filings are public records under RIGL 38-2-1, et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

How to complete the form:

- List the corporation's ID number. The ID number can be found by looking up your entity in the <u>Corporate</u> <u>Database</u>.
- 2. List the name of the corporation. The entity name can be verified through the <u>Corporate Database</u>.
- 3. List the state of formation under whose laws the company is incorporated.
- The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.
- The Department of State will receive future service of process for the non-profit corporation regarding the transaction of business in Rhode Island.
- List the address where the Department of State may mail a copy of service of process against the corporation received by the Department of State.
- 7. The President **OR** Vice President **AND** the Secretary **OR** Assistant Secretary **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted online and then returned. To confirm your submission and obtain evidence of your filing:

- · Go to our Corporate Database.
- Enter the name or ID number of your entity and click "Search."
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing."
- Identify the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

Certificate of Withdrawal

FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

STAMP

FOR SECRETARY OF STATE

Pursuant to the provisions of RIGL 7-6-83, the undersigned foreign non-profit corporation hereby applies for a Certificate of Withdrawal from the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:

2. The name of the corporation is:

1. Entity ID Number.	2. The hame of the	corporation is.		
3. It is incorporated under the laws of:		·	4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the non-profit corporation by service thereof on the Department of State of the State of Rhode Island.				
6. The post office address to which the Department of State may mail a copy of any process against the corporation that is served on the Department of State:				
Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Withdrawal, and that all statements contained herein are true and correct.				
Type or Print the Name of Pre	esident or Vice Pr	esident	Date	
Signature of President or Vice President				
Type or Print the Name of Sec	cretary or Assista	nt Secretary	Date	
Signature of Secretary or Assistant Secretary				

TWO SIGNATURES ARE REQUIRED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

STAMP

Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. All fields are REQUIRED.

Name:		Date:
Entity Name:		
Entity Name:		
Street Address:		
City:	State:	Zip Code:
City.	State.	Zip Gode.
Email Address:		Phone Number:

VOLUNTARY DISSOLUTION