RI SOS Filing Number: 202187259440 Date: 1/19/2021 12:19:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

PARTIN O PARTIE 19

Alabama 4. The entity is not transacting 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 limited liability company 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 limited liability company that may be served on him or her is: 201 Lonnic E. Crawford Blvd., Scottsboro, AL 35769 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability has paid all fees and taxes. [Note: tax status can be verified at taxportal ril gov] 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct. Type or Print Name of Authorized Person Kevin Foshee	Entity ID Number: 2. The name of the limited liability company is:		
4. The entity is not transacting 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 limited liability company 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 limited liability company that may be served on him or her is: 201 Lonnie E. Crawford Blvd., Scottsboro, AI. 35769 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability has paid all fees and taxes. [Note: tax status can be verified at taxportal riligov.] 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.	001689121	AllyScripts,LLC	
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liability has paid all fees and taxes. [Note: tax status can be verified at taxportal ri.gov.] 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct. Type of Polit Name of Authorized Person	company that may be serv	ed on him or her is:	a copy of any process against the limited liability
☐ Later effective date (Date must be no more than 90 days from the date of filing) ☐ Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct. ☐ Type of Policy Name of Authorized Person	7. The limited liability compliability has paid all fees an	any certifies that it has no outstanding tax dispersion to taxes. [Note: tax status can be verified at	obligations. As required by RIGL <u>7-16-8,</u> the limited taxportal ri.gov.]
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Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct. Type or Pool Name of Authorized Person	Date received (Upon to the control of the contro	iling)	
all statements contained herein are true and correct. Type or Pdot Name of Authorized Person. Date	Later effective date (C	ate must be no more than 90 days from the	e date of filing)
			s Certificate of Cancellation of Registration and that
Kevin Foshee	Type or Print Name of Authorized	Person	
	Kevin Foshee		Jos/za1
	Signature of Authorized Person		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 19, 2021 12:19 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

