

Filing Fee: \$50.00

ID Number: 000112549



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

RECEIVED  
CLERK OF STATE  
CORPORATIONS DIV  
2015 OCT 15 PM 1:58

**BUSINESS CORPORATION**

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL**

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is IFIA INSURANCE SERVICES, INC.
2. It is incorporated under the laws of Delaware
3. It is not transacting business in the state of Rhode Island.
4. It hereby surrenders its authority to transact business in the state of Rhode Island.
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State:  
315 Montgomery St., 4th Floor, CA5-704-04-19, San Francisco, CA 94104
7. As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
9. This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/8/15

Christine Costamagna  
Signature of Authorized Officer of the Corporation

FILED

Christine Costamagna

Type or Print Name of Authorized Officer

OCT 15 2015

BY CA 258511  
1:58

112549



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

KAYLA ST SAUVEUR  
450 VETERANS MEMORIAL PKWY- SUITE 7A  
EAST PROVIDENCE, RI 02914

## LETTER OF GOOD STANDING

It appears from our records that **IFIA INSURANCE SERVICES INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **IFIA INSURANCE SERVICES INC** is in good standing with the Rhode Island Division of Taxation as of **10/06/2015**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

David M. Sullivan  
Tax Administrator

Marc R. Levasseur, Supervising Revenue Officer

FILED

OCT 15 2015

BY CR258511  
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Compliance and Collections

48400984:10758994  
DLN: 0400655001



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

Nellie M. Gorbea  
*Secretary of State*

