

Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

2017 NOV 17 AM 10	R.I. DEPT. OF STA
5. 6.	TATE

ne following statement:		
1. Entity ID Number:	2. The name of the corporation is:	
000292757	Performing Arts Programs, Inc.	
3. It is incorporated under the law	s of: Connecticut	
4 The corporation is not trasaction	ng business in this state and surrenders its authority	to transact business in this state.
5. It revokes the authority of its reprocess in any action, suit, or processing any action, suit, or processing authorized to train the suit of the su	egistered agent in this state to accept service of proceeding based upon any cause of action arising in the insact business in this state may subsequently be made at the State of Rhode Island.	nis state during the time the
6. The post office address to whi corporation that is served on the	ch the Department of State may mail a copy or any s	ervice of process against the
201 New State Rd, Apt P	Manchester, CT 06042	
7. As required by RIGL <u>7-1.2-14</u>	13, the corporation has paid all fees and taxes. RI Dir purpose of withdrawal MUST accompany this form.	vision of Taxation's ORIGINAL letter
8. If the corporation is in the har	ds of a receiver or trustee, this Application for Certific	cate of Withdrawal must be executed
on behalf of the corporation by t	rithdrawal will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	nust be no more than 90 days from the day of filing) _	
	re and affirm that I have examined this Application fo , and that all statements contained herein are true ar	r Certificate of Withdrawal, including
Type or Print Name of Authorized C	Officer	Date
Michael Lamb		09/12/2017
Signature of Authorized Officer of t	he Corporation and	

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 10:03 FIL

NOV 17 2017

BV 317770

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 154 - Revised: 06/2016



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF ADMINISTRATION DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 62908

292757

PERFORMING ARTS PROGRAMS, INC. ATTN: MICHAEL LAMB P.O. BOX 633 SOUTH WINDSOR, CT 06074

LETTER OF GOOD STANDING

It appears from our records that PERFORMING ARTS PROGRAMS, INC. has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date.

PERFORMING ARTS PROGRAMS, INC. is in good standing with the Rhode Island Division of Taxation as of 10/31/2017. 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 <u>only</u> for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

Neena Savage
Tax Administrator

Christine Girard

Supervising Revenue Officer Compliance and Collections

841709576:12721328 DLN: 10000656007 R.I. DEPT. OF STATE R.I. DEPT. OF STATE BUS SVCS DIV