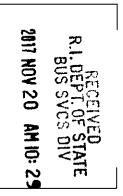
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

## Certificate of Withdrawal

FOREIGN Non-Profit Corporation

 $\rightarrow$  Filing Fee: \$10.00

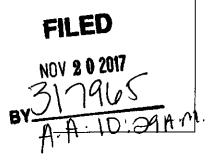


Pursuant to the provisions of RIGL <u>7-6-83</u>, the undersigned foreign non-profit corporation hereby applies for a Certificate of Withdrawal from the state of Rhode Island, and for that purpose submits the following statement:

|   | r <u> </u>                         |   |                    |
|---|------------------------------------|---|--------------------|
| 1. Entity ID Number:  | 2. The name of the corporation is: |   |                    |
| 000790843   | Small Business Web, Inc.           |   |                    |
| 3. It is incorporated under the laws of: <b>Delaware</b>  |                                    | <ol> <li>The corporation is not trasacting business in this state and<br/>surrenders its authority to transact business in this state.</li> </ol> |                    |
| 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. |                                    |   |                    |
| <ul> <li>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:</li> <li>40 Rausch St, San Francisco CA 94103</li> </ul>   |                                    |   |                    |
| 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 🗾 President or 🔲 Vice President   |                                    |   | Date               |
| Sunir Shah  | _                                  |   | September 29, 2017 |
| Signature of President or Vice President  | SIGN DOCI                          | JMENT HERE  |                    |
| Type or Print the Name of 🗹 Secretary or 🔲 Assistant Secretary  |                                    |   | Date               |
| Sunir Shah  |                                    |   | September 29, 2017 |
| Signature of Secretary or Assistant Secre   | •                                  | JMENT HERE  |                    |

**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



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 254 - Revised: 08/2016



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:

November 20, 2017 10:29 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

