RI SOS Filing Number: 201867616830 Date: 5/29/2018 12:25:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **Certificate of Withdrawal**

**FOREIGN Non-Profit Corporation** 

→ 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

| 2018 MAY 29 | SECRETARY<br>CORPORATI |
|-------------|------------------------|
| PH 12: 25   | OF STATE               |

| the following statement.   |   | ·   |           |  |
|--|---|---|-----------|--|
| 1. Entity ID Number:   | 2. The name of the corporation is:                            |   |           |  |
| 001662198  | Association for Living History, Farm and Agricultural Museums |   |           |  |
| 3. It is incorporated under the laws of <b>Maryland</b>  |   | The corporation is not trasaction surrenders its authority to transaction.                                  | _         |  |
|  | ransaction of business in th                                  | rocess and consents that service<br>e state of Rhode Island, may ther<br>tate 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:                        |   |   |           |  |
| P.O. Box 16, Rochdale, MA 01542  |   |   |           |  |
| 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 <a> President</a>  | or  |   | Date      |  |
| Deborah Arenz  |   |   | 5-22-18   |  |
| Signature of President or Vice President   |   |   |           |  |
| S:S:4-DOCUMENT HERE  |   |   |           |  |
| Type or Print the Name of  Secretary   | or Assistant Secretary  |   | Date      |  |
| Thomas Kelleher  |   |   | 5/14/2018 |  |
| Signature of Secretary or Assistant Secretary  Thomas Relief Comment 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.rr.gov MAY 2 9 2018

BY 33/507

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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:

May 29, 2018 12:25 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

