



State of Rhode Island and Providence Plantations

Department of State - Business Services Division



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SECRETARY OF STATE
CORPORATIONS DIV
2019 MAR 14 AM 11:31

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:

1. Entity ID Number: 000506550	2. The name of the corporation is: Reflectxion Resources, Inc.
3. It is incorporated under the laws of: Delaware	
4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state.	
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 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 service of process against the corporation that is served on the Department of State: Maxim Healthcare Services, Inc., C/O Tax Department, 7227 Lee Deforest Dr., Columbia, MD 21046	
7. As required by RIGL 7-1.2-1413, the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of withdrawal MUST accompany this form.	
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. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer Raymond Carbone	Date 3/7/2019
Signature of Authorized Officer of the Corporation  	

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****APR 16 2019**

KL WQCYW
11:36

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.



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

REFLECTXION RESOURCES INC
ATTN: TAX DEPARTMENT
7227 LEE DEFOREST DR
COLUMBIA, MD 21046-3236

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LETTER OF GOOD STANDING

It appears from our records that **Reflectxion Resources, Inc.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Reflectxion Resources, Inc.** is in good standing with the Rhode Island Division of Taxation as of **02/13/2019**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

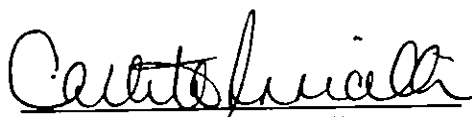
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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,


Carlita Annicelli
Supervising Revenue Officer


Neena Savage
Tax Administrator

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DLN: 10004565692



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:

April 16, 2019 11:36 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

