

Filing Fee: \$75.00

ID Number:

529730



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

LIMITED LIABILITY COMPANY

000529730

CERTIFICATE OF CANCELLATION OF
REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUN 21 AM 10:23

Pursuant to the provisions of Section 7-16-53 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:
Provider Insurance Group, LLC
2. It is organized under the laws of MA
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 confirms the authority of the Secretary of State of the State of Rhode Island to accept service of process with respect to claims for relief or causes of action arising out of the transaction of business in Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the limited liability company that may be served on him or her is:
160 Gould Street, Suite 122, Needham, MA 02494

7. The date this Certificate of Cancellation is to become effective, if later than the date of filing, is:

(not prior to, nor more than 30 days after, the filing of this Certificate of Cancellation)

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.

Date:

1/15/19

FILED

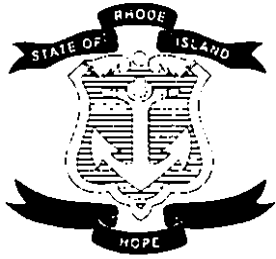
JUN 21 2019

Provider Insurance Group, LLC
Print Exact Name of Limited Liability Company

By William M. Dancy
Signature of Authorized Person

BY BNVIS

A.A. 10:23 A.M



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUN 21 AM 10:23

PROVIDER INSURANCE GROUP, LLC
ATTN: TAMEKA JOHNSON
111 N RAILROAD ST
GROESBECK, TX 76642-1343

I.D.# 529730

LETTER OF GOOD STANDING

It appears from our records that **Provider Insurance Group, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Provider Insurance Group, LLC** is in good standing with the Rhode Island Division of Taxation as of **06/12/2019**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

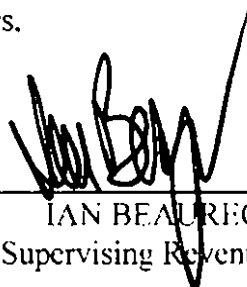
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or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

CANCELLATION

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,



IAN BEAUREGARD
Supervising Revenue Officer

Neena Savage
Tax Administrator

272005964:14289184
DLN: 10005531946