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**Application for Certificate of Withdrawal**  
**FOREIGN Business Corporation**

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 15-2-1 and 15-2-2, 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: 000150432	2. The name of the corporation is: American Apparel Retail, Inc.
3. It is incorporated under the laws of: <u>State of California</u>	
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: <u>APP Retail Winddown, Inc., P O Box 5129, Brandon, MS 39047-5129</u>	
7. As required by RIGL 15-2-1, the corporation has paid all fees and taxes. RI Division of Taxation's <b>ORIGINAL</b> letter of good standing (LOGS) for the purpose of withdrawal <b>MUST</b> accompany this form.	
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal <b>MUST</b> be executed on behalf of the corporation by the receiver or trustee.	
9. Date when this certificate of withdrawal will be effective: <b>CHECK ONE BOX ONLY</b>	
<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 Doug Turski / Tax Director	Date <u>3/31/2019</u>
Signature of Authorized Officer of the Corporation <i>By: Doug Turski</i>	

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**FILED**

OCT 21 2019

BY GLOBAL

A.A. 12:58pm

2019 SEP 17 AM 11:05

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**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](mailto:corporations@sos.ri.gov).



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

APP RETAIL WINDDOWN INC  
 ATTN: DOUG TURSKI  
 PO BOX 5129  
 BRANDON, MS 39047-5129

*I.D.# 150432*

## LETTER OF GOOD STANDING

It appears from our records that **AMERICAN APPAREL RETAIL, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **AMERICAN APPAREL RETAIL, INC.** is in good standing with the Rhode Island Division of Taxation as of **09/27/2019**. 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,

  
 \_\_\_\_\_  
 NEIL CAOQUETTE  
 Chief Business Management Officer

  
 \_\_\_\_\_  
 Neena Savage  
 Tax Administrator

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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:

October 21, 2019 12:58 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

