



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

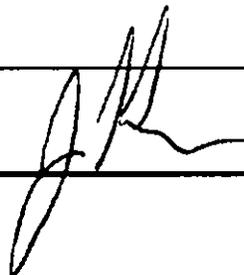
RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 JUN 30 PM 1:06

**Certificate of Cancellation**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, 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:

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 JUL -1 AM 8:29

1. Entity ID Number: 000532032	2. The name of the limited liability company is: ABB Power Protection LLC
3. It is organized under the laws of: Delaware	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
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 limited liability company 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 process against the limited liability company that may be served on him or her is:  305 Gregson Drive, Cary, NC 27511	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified at <a href="http://taxportal.ri.gov">taxportal.ri.gov</a> .]	
8. Date when the Cancellation will be effective: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Date received (Upon filing) <input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>7/1/2020</u>	
<i>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.</i>	
Type or Print Name of Authorized Person Jennifer Kurz, Manager	Date 6/30/2020
Signature of Authorized Person 	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED** ✓  
**STAMP**  
 JUL 01 2020  
 BY Ch EDAV7  
 8:29

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 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:

July 01, 2020 08:29 AM

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

Nellie M. Gorbea  
*Secretary of State*

