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State of Rhode Island

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

## **Certificate of Cancellation**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL <u>7-16-53</u>, 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:

| 2020 NO       | R.I. D<br>BU                             |  |
|---------------|--|--|
| V.20 PM 2: 4! | RECEIVED<br>DERT OF STATE<br>JS#SVCS-DIV |  |

| purpose submits the following sta  | tement:   |                         |   |  |  |
|--|---|-------------------------|---|--|--|
| Entity ID Number   | 2. The name of the limited liability company is:  |                         |   |  |  |
| 000157188  | BROWNSTONE PUBLISHING LLC   |                         |   |  |  |
| 3. It is organized under the laws  | of:<br>INDIANA  |                         |   |  |  |
| 4. The entity is not transacting be  | usiness in this state and surrenders its  | authority to transact b | usiness in this state.  |  |  |
| or proceeding arising out of the t   | gent, to accept service of process and<br>ransaction of business in the state of R<br>eof on the Department of State of the S | Rhode Island, may thei  | of process in any action, suit reafter be made on the limited |  |  |
| <ol><li>The post office address to whi<br/>company that may be served on</li></ol> | ch the Department of State may mail a<br>him or her is:   | copy of any process a   | against the limited liability                                 |  |  |
| 130 E WASHINGTON ST, SUITE   | 1100, INDIANAPOLIS, IN 46204  |                         |   |  |  |
|  | ertifies that it has no outstanding tax of es. [Note: tax status can be verified at $\underline{t}$                           |                         | by RIGL <u>7-16-8</u> , the limited                           |  |  |
| 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY                |   |                         |   |  |  |
| ✓ Date received (Upon filing)  |   |                         |   |  |  |
| Later effective date (Date must be no more than 90 days from the date of filing)   |   |                         |   |  |  |
| Under penalty of perjury, I declar all statements contained herein a               | re and affirm that I have examined this are true and correct.   | Certificate of Cancella | tion of Registration and that                                 |  |  |
| Type or Print Name of Authorized Person  | 1   |                         | Date  |  |  |
| SHANNON SHAW   |   |                         | 11/20/2020  |  |  |
| 1  | oned by<br>Inon Shaw<br>Frohesealls   |                         |   |  |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 0 2020 BY 59090 RI SOS Filing Number: 202077087650 Date: 11/20/2020 2:42:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

November 20, 2020 02:42 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

