



## **Certificate of Cancellation**

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

1. Entity ID Number:	2. The name of the limited liability company i	s:
001705952	PersonifilRx New England, LLC	
3. It is organized under the	e laws of: Wisconsin	
4. The entity is not transac	cting business in this state and surrenders its authorit	y to transact business in this state.
or proceeding arising out of	of its agent, to accept service of process and consent of the transaction of business in the state of Rhode Is the thereof on the Department of State of the State of	sland, may thereafter be made on the limited
	to which the Department of State may mail a copy o	f any process against the limited liability
company that may be serve 2503 N. Hillcrest Parkway, A.		
	pany certifies that it has no outstanding tax obligation	
liability has paid all fees ar	nd taxes. [Note: tax status can be verified at <u>taxporta</u>	
liability has paid all fees ar 8. Date when the Cancella	nd taxes. [Note: tax status can be verified at <u>laxporta</u> ation will be effective: CHECK ONE BOX ONLY	
liability has paid all fees an 8. Date when the Cancella    Date received (Upon	nd taxes. [Note: tax status can be verified at <u>laxporta</u> ation will be effective: CHECK ONE BOX ONLY filing)	<u>l.ri.gov.]</u>
8. Date when the Cancella Date received (Upon Later effective date (D	nd taxes. [Note: tax status can be verified at <u>laxporta</u> ation will be effective: CHECK ONE BOX ONLY filing)  Date must be no more than 90 days from the date of	filing)
8. Date when the Cancella Date received (Upon Later effective date (Dunder penalty of perjury, I	nd taxes. [Note: tax status can be verified at <u>laxporta</u> ation will be effective: CHECK ONE BOX ONLY filing)	filing)
8. Date when the Cancella Date received (Upon Later effective date (Dunder penalty of perjury, I	nd taxes. [Note: tax status can be verified at laxportal attention will be effective: CHECK ONE BOX ONLY filling)  Date must be no more than 90 days from the date of declare and affirm that I have examined this Certificaterein are true and correct.	filing)

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

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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.

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