



State of Rhode Island

Department of State - Business Services Division

**Application for Certificate of Withdrawal**

FOREIGN Business Corporation

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 JAN 15 P 12:59

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, 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:<br>001687769                                                                                                                                                                                                                                                                                                                                                                                                      | 2. The name of the corporation is:<br>Medication Management Systems, Inc. |
| 3. It is incorporated under the laws of: Minnesota                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |
| 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:<br>9900 Bren Road East, MN008-T502, Minnetonka, MN 55343                                                                                                                                                                                                      |                                                                           |
| 7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL § 7-1.2-1413, the corporation has paid all fees and taxes. [Note: Tax status can be verified at <a href="http://taxportal.ri.gov">taxportal.ri.gov</a> .]                                                                                                                                                                                 |                                                                           |
| 8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must 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)<br><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<br>Heather A. Lang                                                                                                                                                                                                                                                                                                                                                                            | Date<br>1/14/2021                                                         |
| Signature of Authorized Officer of the Corporation<br>DocuSigned by:<br>                                                                                                                                                                                                                                                                                                                                                               |                                                                           |

**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**

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

FORM 154 - Revised: 08/2020