RI SOS Filing Number: 202193435160 Date: 3/1/2021 2:38:00 PM



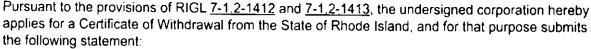
State of Rhode Island

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

## **Application for Certificate of Withdrawal**

**FOREIGN Business Corporation** 

→ Filing Fee: \$50.00



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the following statement:		······································			
Entity ID Number:	2. The name of the corporation is:				
001696837	AEROFLOW INC.				
It is incorporated under the laws of: NORTH CAROLINA					
4. The corporation is not trasacting 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:					
3165 SWEETEN CREEK RD ASHEVILLE NC 28803					
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 taxportal.ri.gov.]					
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: 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 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 Off	icer		Date		
Casey Hite			2/8/21		
Signature of Authorized Officer of the Corporation					

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  $^{m}$ 

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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:

March 01, 2021 02:38 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

