

From: Kevin Porter kevin@knowdebt.org
 Subject: RI State Withdrawal
 Date: March 5, 2021 at 3:15 PM
 To: Bonnie Aleman bonnie@knowdebt.org



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 RI DEPT OF STATE
 BUS SVCS DIV

2021 MAR 12 PM 12:34



State of Rhode Island
 Department of State - Business Services Division

Certificate of Withdrawal
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-83, the undersigned foreign non-profit 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: 000130040		2. The name of the corporation is: Alliance Credit Counseling, Inc	
3. It is incorporated under the laws of: NC		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 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 non-profit 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 process against the corporation that is served on the Department of State: 8000 Corporate Center Drive Ste. 114 Charlotte NC 27226			
Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Withdrawal, and that all statements contained herein are true and correct.			
Type or Print the Name of <input checked="" type="checkbox"/> President or <input type="checkbox"/> Vice President Kevin Porter		Date 3/5/21	
Signature of President or Vice President <i>Kevin Porter</i>			
Type or Print the Name of <input type="checkbox"/> Secretary or <input type="checkbox"/> Assistant Secretary Kevin Porter		Date 3-5-21	
Signature of Secretary or Assistant Secretary <i>Kevin Porter</i>			

TWO SIGNATURES ARE REQUIRED

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

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 BY *[Signature]*
12:34

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.



State of Rhode Island
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,
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 12, 2021 12:34 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

