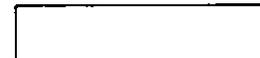




State of Rhode Island  
 Department of State - Business Services Division



**Application for Certificate of Withdrawal**

FOREIGN Business Corporation

→ Filing Fee: \$50.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 APR -6 P 1:03

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:  001660205	2. The name of the corporation is:  Lifeworks US Inc.
3. It is incorporated under the laws of: Delaware	
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.  895 Don Mills Road, Tower One, Suite 700, Toronto, Ontario M3C 1W3 Canada	
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) <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  Michele Holden, Secretary	Date  04/05/2021
Signature of Authorized Officer of the Corporation  <i>Michele Holden</i>	

**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**

APR 06 2021

*SSECA*

*A.A. 1:03pm*

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



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:

April 06, 2021 01:03 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

