



State of Rhode Island

Department of State - Business Services Division

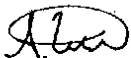
RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 JUL 7 AM 9:21

Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00

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: 001685359	2. The name of the corporation is: EVOLVEN SOFTWARE, INC.
3. It is incorporated under the laws of: DE	
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: 2500 PLAZA 5, 25TH FL., JERSEY CITY, NJ 07311	
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 by emailing tax.collections@tax.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 Officer ALEXANDER GILSONSON	Date 06/22/2021
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

JUL 07 2021

111 265TC
9.21

STAMP

NOT
SECRETARY OF STATE
UNIT 0001

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.

FORM 154 - Revised: 03/2021



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

EVOLVEN SOFTWARE INC
ATTN: ALEXANDER GILSON
2500 PLAZA FIVE FL 25
JERSEY CITY, NJ 07311-4026

LETTER OF GOOD STANDING

It appears from our records that **EVOLVEN SOFTWARE, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **EVOLVEN SOFTWARE, INC.** is in good standing with the Rhode Island Division of Taxation as of **06/14/2021**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

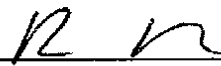
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,



DANNY PACHECO
Supervising Revenue Officer



Neena Savage
Tax Administrator

753242435:16979105
DLN: 10010615028



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:

July 07, 2021 09:21 AM

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

Nellie M. Gorbea
Secretary of State

