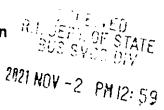
State of Rhode Island Department of State - Business	Services	Divi
	State of Rhode Island Department of State - Business	State of Rhode Island Department of State - Business Services





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:	

applies for a Certificate of Withdra the following statement:	wa! from the State of Rhode Island, and for that purpose sut	bmits		
1. Entity ID Number:	2. The name of the corporation is:			
001702170	TRITON TECHNOLOGIES, INC.			
3. It is incorporated under the laws of: Massachusetts				
4. The corporation is not trasacting	ng business in this state and surrenders its authority to trans	act business in this state.		
process in any action, suit, or pro	egistered agent in this state to accept service of process, and ceeding based upon any cause of action arising in this state insact business in this state may subsequently be made on the of the State of Rhode Island.	during the time the		
6. The post office address to which the Department of State may mall a copy of any service of process against the corporation that is served on the Department of State:				
C/O Andrew Bank, 43 Old Stable Drive, Mansfield, MA 02048				
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	x 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	ficer	Date		
Andrew Bank , CFO		10/29/2021		
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

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.

NOV 0 8 2021 BY 6 9

FORM 154 - Revised: 08/2020