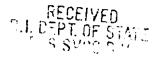
RI SOS Filing Number: 202325965600 Date: 1/12/2023 2:03:00 PM



Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee \$50.00



7023 JAN 12 P 2: 03

Pursuant to the provisions of RIGI applies for a Certificate of Withdra the following statement:	$_{-}$ $\frac{7-1}{2}$ $\frac{2-14}{12}$ and $\frac{7-1}{2}$ $\frac{2-14}{13}$, the undersign wal from the State of Rhode Island, and for	ed corporation hereby that purpose submits
Entity ID Number:	2. The name of the corporation is:	
001696037	Kaia Pharmaceuticals, Inc.	
3. It is incorporated under the law	vs of: Delaware	
4. The corporation is not trasactir	ng business in this state and surrenders its	authority to transact business in this state.
process in any action, suit, or pro	egistered agent in this state to accept service iceeding based upon any cause of action are neact business in this state may subsequente of the State of Rhode Island.	rising in this state during the time the
The post office address to whice corporation that is served on the	ch the Department of State may mail a copy Department of State:	of any service of process against the
1167 Massachusetts Avenue, Arlingt	on, MA 02476	
7. The corporation certifies that it	has no outstanding tax obligations. As requ	ired by RIGL § 7-1 2-1413, the corporation has
paid all fees and taxes. [Note: Ta	x status can be verified by emailing tax colle	ections@tax.ri.gov.]
8 If the corporation is in the hand on behalf of the corporation by the	Is of a receiver or trustee, this Application for ereceiver or trustee.	or Certificate of Withdrawal must be executed
9. Date when this certificate of wi	thdrawal will be effective: CHECK ONE BO	X ONLY
X Date received (Upon filing)		
Later effective date (Date mu	ust be no more than 90 days from the date	of filing)
	e and affirm that I have examined this Appli and that all statements contained herein are	cation for Certificate of Withdrawal, including e true and correct.
Type or Print Name of Authorized Off	icer	Date
Eric Trachtenberg		12/18/2022
Signature of Authorized Officer of the	Corporation	
5		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rnode 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.

FILED

3.03

FORM 154 Revised 03/2021

RI SOS Filing Number: 202325965600 Date: 1/12/2023 2:03:00 PM



I, GREGG M. AMORE, 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:

January 12, 2023 02:03 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

