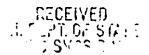


## **Application for Certificate of Withdrawal**

**FOREIGN Business Corporation** 

→ Filing Fee: \$50.00



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	<ul> <li>7-1.2-1412 and 7-1.2-1413, the undersigned corporation wal from the State of Rhode Island, and for that purpose:</li> </ul>	
1. Entity ID Number:	2. The name of the corporation is:	
001340564	Pharmaceutical Technologies, Inc.	
3. It is incorporated under the law	/s of: Nebraska	
4. The corporation is not trasactir	ng business in this state and surrenders its authority to tra	insact business in this state.
process in any action, suit, or pro	egistered agent in this state to accept service of process, inceeding based upon any cause of action arising in this standard business in this state may subsequently be made on the State of Rhode Island.	ate during the time the
6. The post office address to which corporation that is served on the	ch the Department of State may mail a copy of any service Department of State:	e of process against the
13660 California Street, Om	aha, NE 68154	
7. The corporation certifles that it	has no outstanding tax obligations. As required by RIGL	§ 7-1.2-1413, the corporation has
paid all fees and taxes. [Note: Ta	x status can be verified by emailing tax.collections@tax.ri	i.gov.]
8. If the corporation is in the hand on behalf of the corporation by the	ds of a receiver or trustee, this Application for Certificate of receiver or trustee.	of Withdrawal must be executed
9. Date when this certificate of w	thdrawal will be effective: CHECK ONE BOX ONLY	
X Date received (Upon filing)		
Later effective date (Date m	ust be no more than 90 days from the date of filing)	
	e and affirm that I have examined this Application for Cen and that all statements contained herein are true and cor	
Type or Print Name of Authorized Of	ficer	Date /
Timothy J. Langdon		3/4/2023
Signature of Authorized Officer of the	e 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 MAR 0 6 2023

FILED

FORM 154 - Revised: 03/2021

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.

RI SOS Filing Number: 202330046220 Date: 3/6/2023 1:38:00 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:

March 06, 2023 01:38 PM

Gregg M. Amore Secretary of State

Treg M. Coure

