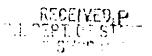


State of Rhode Island **Department of State - Business Services Division**

Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00



2023 MAR 13 P 1:51

Pursuant to the provisions of RIGL <u>7-1,2-1412</u> and <u>7-1,2-1413</u>, 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:	2. The name of the corporation is	2. The name of the corporation is:		
001667845	NewVision Systems Corporation	NewVision Systems Corporation		
3. It is incorporated under the	ne laws of: Delaware			
4. The corporation is not tra	sacting business in this state and surre	enders its authority to trans	act business in this state.	
process in any action, suit, corporation was authorized	f its registered agent in this state to acc or proceeding based upon any cause o to transact business in this state may s of State of the State of Rhode Island.	f action arising in this state	during the time the	
	o which the Department of State may n n the Department of State:	nail a copy of any service o	f process against the	
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				
If the corporation is in the on behalf of the corporation		plication for Certificate of V	vithorawai must be executed	
9. Date when this certificate	e of withdrawal will be effective: CHECH	K ONE BOX ONLY		
X Date received (Upon fi	iling)			
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I of any accompanying attachm	declare and affirm that I have examined nents, and that all statements contained	I this Application for Certific I herein are true and correc	cate of Withdrawal, including	
Type or Print Name of Authoria	zed Officer		Date	
Lisa D. DuBois, Secretaryy			03/03/2023	
Signature of Authorized Office	r of the Corporation			
MAIL TO:			RLED	

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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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.

ALC: 111520031 MILLION VILLION

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 13, 2023 01:57 PM

Treng M. Course

Gregg M. Amore Secretary of State

