RI SOS Filing Number: 202331606540 Date: 3/24/2023 12:15:00 PM



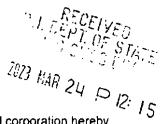
State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00



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:

the following statement:		·-··	-	
1. Entity ID Number:	2. The name of the corporation	2. The name of the corporation is:		
000060185	Williams Brothers Pro	Williams Brothers Process Services, Inc.		
3. It is incorporated under th	e laws of: Delaware			
4. The corporation is not tras	sacting business in this state and sur	rrenders its authority to trans	sact business in this state.	
process in any action, suit, of corporation was authorized to	its registered agent in this state to a or proceeding based upon any cause to transact business in this state may if State of the State of Rhode Island.	of action arising in this state	e during the time the	
The post office address to corporation that is served or	which the Department of State may the Department of State:	mail a copy of any service	of process against the	
6700 Las Colinas Blvd.,	Irving, TX 75039			
7. The corporation certifies the	nat it has no outstanding tax obligation	ons. As required by RIGL § 7	7-1,2-1413, the corporation has	
paid all fees and taxes. [Not	e: Tax status can be verified by emai	iling tax.collections@tax.ri.g	ov.]	
8. If the corporation is in the on behalf of the corporation	hands of a receiver or trustee, this A by the receiver or trustee.	Application for Certificate of \	Withdrawal must be executed	
9. Date when this certificate	of withdrawal will be effective: CHEC	CK ONE BOX ONLY		
Date received (Upon file	ng)			
Later effective date (Da	te must be no more than 90 days fro	om the date of filing)		
	eclare and affirm that I have examine ants, and that all statements contain			
Type or Print Name of Authorize	ed Officer		Date	
John Reynolds, Secreta	ıry		3/21/2023	
Signature of Authorized Officer	of the Corporation			
John Ne	yndel			

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 24 2023 BY 72008 RI SOS Filing Number: 202331606540 Date: 3/24/2023 12:15:00 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 24, 2023 12:15 PM

Gregg M. Amore

Tregs M. Coure

Secretary of State

