



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation**

**Application for Certificate of Withdrawal**

(Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is Chartwise Medical Systems, Inc.

**SECTION II**

It is incorporated under the laws of  
State: DE Country: USA

**SECTION III**

The corporation is not transacting business in this state and surrenders its authority to transact business in this state.

**SECTION IV**

It revokes the authority of its agent in this state to accept service of process. It confirms the authority of the Secretary of State of the State of Rhode Island to accept service of process with respect to claims for relief or causes of action arising out of the transaction of business in Rhode Island.

**SECTION V**

The post office address to which the Rhode Island Department of State may mail a copy of any service of process against the corporation that is served on the RI Department of State:

No. and Street: 6850 AUSTIN CENTER BLVD, STE 350

City or Town: AUSTIN

State: TX Zip: 78731 Country: USA

**SECTION VI**

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.]

**SECTION VII**

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.

**SECTION VIII**

This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**Signed this 29 Day of March, 2023 at 2:44:34 PM by an authorized officer of the corporation.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2*

By MICHAEL LOVELL

Signature of Authorized Officer of the Corporation

Form No. 154  
Revised 09/07

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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 29, 2023 02:43 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

