RI SOS Filing Number: 202332463520 Date: 4/6/2023 1:51:00 PM

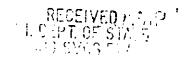
Pursuant to the provisions of RIGL 7-1,2-1412 and 7-1,2-1413, the undersigned corporation hereby



Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00



2023 APR -5 P 1: 54

applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement: 2. The name of the corporation is: 1. Entity ID Number: 000 509114 Pro-Teck Services Ltd. 3. It is incorporated under the laws of: Massachusetts 4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state. 5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island. 6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State: 1360 Post Oak Blvd., Stc. 100, Attn: Litigation Dept., Houston, TX 77056 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 on behalf of the corporation by the receiver or trustee. 9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY X Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) _ Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct

MAIL TO:

Stacy Finkle

Division of Business Services

Type or Print Name of Authorized Officer

Signature of Authorized Officer of the Corporation

148 W. River Street, Providence, Rhode Island 02904-2615

Stacy Finkle

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 0 6 2023 BY 15 249

Date

03/20/2023

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: 202332463520 Date: 4/6/2023 1:51:00 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:

April 06, 2023 01:51 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

