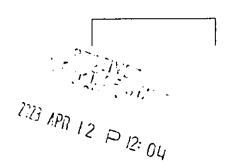
	State of Rhode Island
	State of Rhode Island  Department of State - Business Services Division

## **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:

he following statement:			
1. Entily ID Number:	2. The name of the corporation is:		
000700150	Centerstone Insurance and Financial Se	ervices Inc.	
3. It is incorporated under the laws of: CA			
4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.			
process in any action, suit, or pro	egistered agent in this state to accept service of process, ceeding based upon any cause of action arising in this state may subsequently be made of the State of Rhode Island.	tate during the time the	
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:  c/o Hasana Stanberry, Truist, 214 N Tryon Street, Charlotte, NC 28202-1078			
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			
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.			
Type or Print Name of Authorized Off	Date		
Jennifer Hiester	4 6 23		
Signature of Authorized Officer of the Corporation			
Jy Hum			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

12:04

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**FILED**