RI SOS Filing Number: 202336062080 Date: 5/24/2023 1:28:00 PM



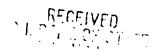
State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

2023 HAY 24 P 1: 28

1. Entity ID Number:	2. The name of the corporation is:	Į
000797979	Hooker & Holcombe, Inc.	
3. It is incorporated under the law	s of: CT	
4. The corporation is not trasacting	ng business in this state and surrenders its author	ity to transact business in this state.
5. It revokes the authority of its re process in any action, suit, or pro- corporation was authorized to tra thereof on the Department of Sta	egistered agent in this state to accept service of poceeding based upon any cause of action arising insact business in this state may subsequently be te of the State of Rhode Island.	rocess, and consents that service of in this state during the time the made on the corporation by service
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:		
100 Summit Lake Dr., Ste. 400, Valhalla, NY 10595		
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 han on behalf of the corporation by the	ds of a receiver or trustee, this Application for Ce	tificate of Withdrawal must be executed
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 declar	re and affirm that I have examined this Application and that all statements contained herein are true	n for Certificate of Withdrawal, including and correct.
Type or Print Name of Authorized O		Date
Ernest Newborn		5/23/2023
Signature of Authorized Silinger of the	ecorporation	

MAIL TO:

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

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

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.rl.gov.

FORM 154 - Revised: 03/2021

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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:

May 24, 2023 01:28 PM

Gregg M. Amore Secretary of State

Treg M. Coure

