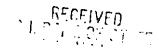
## **Application for Certificate of Withdrawal**

**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:

2023 HAY 24 P 1: 28

1. Entity ID Number:	2. The name of the corporation is.	
000797979	Hooker & Holcombe, Inc.	
3. It is incorporated under the law	ws of: CT	
4. The corporation is not trasacti	ng business in this state and surrenders its authority to trans	act business in this state.
5. It revokes the authority of its reprocess in any action, suit, or procorporation was authorized to trathereof on the Department of States.	egistered agent in this state to accept service of process, and occeeding based upon any cause of action arising in this state ansact business in this state may subsequently be made on the of the State of Rhode Island.	d consents that service of during the time the the corporation by service
6. The post office address to whicorporation that is served on the 100 Summit Lake Dr., Ste. 400, Val	ich the Department of State may mail a copy of any service of Department of State:	of process against the
		7.4.0.4.4.0. the perpendien has
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: Ta	ax status can be verified by emailing tax.collections@tax.ri.gu	OV.J
8. If the corporation is in the har on behalf of the corporation by t	ids of a receiver or trustee, this Application for Certificate of \heartsquare.	Withdrawai must be executed
	vithdrawal will be effective: CHECK ONE BOX ONLY	<u></u>
X Date received (Upon filing) Later effective date (Date n	nust be no more than 90 days from the date of filing)	
Under cenalty of periury 1 decis	re and affirm that I have examined this Application for Certific, and that all statements contained herein are true and corre	cate of Withdrawal, including ct.
Type or Print Name of Authorized C		Date
Ernest Newborn		5/23/2023
Signature of Authorized Officer of	ne Corporation	
·		- FD

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.rl.gov MAY 8 4 2023 EV 1 2 K TQ 3

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.

FORM 154 - Revised: 03/2021