

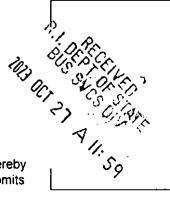
State of Rhode Island

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:

statement.		
1. Entity ID Number:	2. The name of the corporation is:	
001740337	Man With A Cam, Inc.	
3. It is incorporated under the la	ws of: DE	
4. The corporation is not trasact	ing business in this state and surrenders its authority to tran	sact business in this state.
process in any action, suit, or process in action, suit, or process in any action, suit, or process in any action, suit, or process in action, suit, or process in action, suit, or process in action, suit, a	registered agent in this state to accept service of process, an roceeding based upon any cause of action arising in this sta- ansact business in this state may subsequently be made on ate of the State of Rhode Island.	te during the time the
6. The post office address to wh corporation that is served on the	lich the Department of State may mail a copy of any service e Department of State:	of process against the
22 West 27th St FI 6 NY N	Y 10001	
7. The corporation certifies that i	t has no outstanding tax obligations. As required by RIGL §	7-1.2-1413, the corporation has
paid all fees and taxes. [Note: T	ax status can be verified by emailing tax.collections@tax.ri.c	jov.]
8. If the corporation is in the har on behalf of the corporation by	nds of a receiver or trustee, this Application for Certificate of the receiver or trustee.	Withdrawal must be executed
	withdrawal will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)		
	nust be no more than 90 days from the date of filing)	
	re and affirm that I have examined this Application for Certific, and that all statements contained herein are true and corre	
Type or Print Name of Authorized C	Officer	Date
Milos Silber		2023-10-26
Signature of Authorized Officer of th	ne Corporation	1
Milos Sill	Der Digitally signed by Milos Silber Date: 2023.10.26.15:08:45-04:00	- » c
	. <u> </u>	vit FILED 159
Division of Business Services		OCT 27 2023
48 W. River Street, Providence, Rh Phone: (401) 222-3040 Vebsite: www.sos.ri.gov	ode Island 02904-2615	BY 2 all 5

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.

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:

October 27, 2023 11:59 AM

Treng M. Course

Gregg M. Amore Secretary of State

