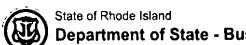
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## **Department of State - Business Services Division**

## 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:

1. Entity ID Number:	2. The name of the corporation is:	
000084863	NCC Charlie Company	
3. It is incorporated under the laws of: DELAWARE		
4. The corporation is not trasaction	ng business in this state and surrenders its authority to transa	act business in this state.
process in any action, suit, or pro-	egistered agent in this state to accept service of process, and oceeding based upon any cause of action arising in this state insact business in this state may subsequently be made on that of the State of Rhode Island.	during the time the
6. The post office address to whi corporation that is served on the	ch the Department of State may mail a copy of any service of Department of State:	f process against the
One Verizon Way, VCS5S, Basking		
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 Certificate of V ne receiver or trustee.	/ithdrawal 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 for Certific and that all statements contained herein are true and correc	ate of Withdrawal, including it.
Type or Print Name of Authorized O		Date
Jori Sawan		03/06/2024
Signature of Authorized Officer of the Corporation		
Jon Jawan		
		S FILED \)

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 13 2024 BY\_\_\_\_\_\_

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.

BI VIND

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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:

March 13, 2024 01:26 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

