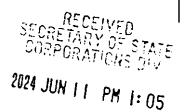


State of Rhode Island
Department of State - Business Services Division



## 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:

1. Entity ID Number:	2. The name of the corporation is:	
001696293	IND ENG SOLUTIONS, INC.	
3. It is incorporated under the	laws of: WYOMING	
4. The corporation is not trasa	cting business in this state and surrenders its authorit	y to transact business in this state.
process in any action, suit, or corporation was authorized to	s registered agent in this state to accept service of pro proceeding based upon any cause of action arising in transact business in this state may subsequently be r State of the State of Rhode Island.	this state during the time the
corporation that is served on t		
DAVIS & ASSOCIATES, LLC, 101 DYER STREET, SECOND FLOOR, PROVIDENCE, RI 02903		
	t it has no outstanding tax obligations. As required by Tax status can be verified by emailing tax collections	
8. If the corporation is in the h on behalf of the corporation by	ands of a receiver or trustee, this Application for Certil y the receiver or trustee.	ficate of Withdrawal must be executed
	f withdrawal will be effective: CHECK ONE BOX ONL	Y
Date received (Upon filin)	g) e must be no more than 90 days from the date of filing	)
· · · · · ·	clare and affirm that I have examined this Application f its, and that all statements contained herein are true a	
Type or Print Name of Authorized	Officer	Date
STEVEN GRETTON, VIC	CE PRESIDENT, TREASURER	6/6/24
Signature of Authorized Officer of	f the Corporation	
MAIL TO: Division of Business Services 148 W. River Street, Providence, F	Rhode Island 02904-2615	FILED

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov FILED JUN 11 2024

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

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:

June 11, 2024 01:05 PM

Treng M. Course

Gregg M. Amore Secretary of State

