



**State of Rhode Island
Office of the Secretary of State**

Fee: \$75.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Certificate of Cancellation**

(Section 7-16-53 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: NATIONAL MENTOR HEALTHCARE, LLC

ARTICLE II

It is organized under the laws of: State: DE Country: USA

ARTICLE III

The entity is not transacting business in this state and surrenders its authority to transact business in the State of Rhode Island.

ARTICLE IV

It revokes the authority of its agent in this state to accept service of process. It confirms the authority of the Secretary of State of Rhode Island to accept service of process with respect to claims for relief causes of action arising out of the transaction of business in Rhode Island.

SECTION V

The post office address to which the Rhode Island Department of State, Secretary of State may mail a copy of any process against the limited liability company that may be served on him or her is:

No. and Street: 6600 FRANCE AVENUE SOUTH
SUITE 350

City or Town: EDINA

State: MN Zip: 55435 Country: USA

ARTICLE VI

The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

ARTICLE VII

The date this Certificate of Cancellation is to become effective, not prior to, nor more than 90 days after the filing of this Certificate of Cancellation.

Later Effective Date:

Signed this 24 Day of September, 2024 at 3:17:45 PM by the Authorized Person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By GINA L. MARTIN
Signature of Authorized Person

Form No. 452
Revised 09/07

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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:

September 24, 2024 03:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Gregg M. Amore
Secretary of State

