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 7-1.2-1412 and 7-1.2-1413, 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:
001681534	DockYard, Inc.

3. It is incorporated under the laws of: MA

4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.

5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island.

6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State:
75 N. Main St. #2190, Randolph MA 02368

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 hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.

9. Date when this certificate of withdrawal will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

10. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer	Date
Sarah Woods	12/3/2024

Signature of Authorized Officer of the Corporation

Sarah Woods

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
DEC 04 2024
BY JAZC3
1:23 PM.

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
DIVISION OF TAXATION
One Capitol Hill
Providence, RI 02908-5800

Phone: (401) 574-8650
Fax: (401) 574-8915
Email: Tax.Collections@tax.ri.gov

DOCKYARD, INC
SARAH WOODS
1212 Dubuque Road
Marion, IA 52302

Notice ID: 10018170134
Case ID: 22342184
Taxpayer ID: 463742448

I.D # 1681534

LETTER OF GOOD STANDING

It appears from our records that **DOCKYARD, INC** has filed all the required returns due for this Letter of Good Standing and paid all known tax liabilities as of this date. **DOCKYARD, INC** is in good standing with the Rhode Island Division of Taxation (Division) as of **11/07/2024**. This Letter of Good Standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of Chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named entity for the purpose of:

WITHDRAWAL FOR SECRETARY OF STATE

This Letter of Good Standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

NEENA S. SAVAGE
TAX ADMINISTRATOR

DANNY PACHECO, Supervising Revenue Officer
Compliance and Collections

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:

December 04, 2024 01:23 PM

Gregg M. Amore
Secretary of State