RI SOS Filing Number: 202563529350 Date: 1/30/2025 10:43:00 AM



State of Rhode Island

**Department of State - Business Services Division** 

## PECIN SO PATORES

## **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:	
000140150	Broadway Electric Service Corporation	
3. It is incorporated under the law	s of: Tennessee	
4. The corporation is not trasactir	ng business in this state and surrenders its authority to tran	isact business in this state.
process in any action, suit, or pro	gistered agent in this state to accept service of process, a ceeding based upon any cause of action arising in this sta nsact business in this state may subsequently be made on te of the State of Rhode Island.	te during the time the
6. The post office address to which corporation that is served on the	th the Department of State may mail a copy of any service Department of State:	of process against the
BESCO attn: Legal, 1800 N	Central St., Knoxville, TN 37917	
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: Ta	x status can be verified by emailing tax.collections@tax.ri	<u>30v.]</u>
8. If the corporation is in the hand on behalf of the corporation by the	Is of a receiver or trustee, this Application for Certificate of e receiver or trustee.	Withdrawal must be executed
9. Date when this certificate of wi	thdrawal will be effective: CHECK ONE BOX ONLY	
✓ Date received (Upon filing)		· · · · · · · · · · · · · · · · · · ·
Later effective date (Date mi	ust be no more than 90 days from the date of filing)	
	clare and affirm that I have examined this Application for C chments, and that all statements contained herein are true	
Type or Print Name of Authorized Off	icer	Date
Bridgett McMahan		1/8/2025
Signature of Authorized Officer of the	Corporation	

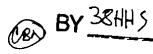
MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 10:43

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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.

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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:

January 30, 2025 10:43 AM

Gregg M. Amore Secretary of State

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