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Certificate of Withdrawal FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-83, the undersigned foreign non-profit 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:		
001664408	The International Congress of Oral Implantologists		
3. It is incorporated under the laws of: District of Columbia		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 agent to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the non-profit 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 process against the corporation that is served on the Department of State:			
1 Bridge Plaza N. suite 950, Fort Lee , NJ 07024			
Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Withdrawal, and that all statements contained herein are true and correct.			
Type or Print the Name of <a> Pre	sident or Uvice Presiden	t	Date
Ady Palti			1/27/25
Signature of President or Vice President			
and the second s			
Type or Print the Name of ☑ Secretary or ☐ Assistant Secretary			Date
Betty Lukacs			1/27/25
Signature of Secretary or Assistant Secretary			

TWO SIGNATURES ARE REQUIRED

MAIL TO:

Division of Business Services

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

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

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