RI SOS Filing Number: 202567022910 Date: 3/13/2025 12:07:00 PM



State of Rhode Island **Department of State - Business Services Division** 

## **Certificate of Cancellation**

FOREIGN Limited Liability Company

| → Filing Fee: \$75.00  |  | 8  |
|--|--|--|
| Pursuant to the provisions of <u>RIC</u><br>nereby cancels its registration to<br>purpose submits the following st | GL 7-16-53, the undersigned foreign limited liability transact business in the State of Rhode Island, a atement:                                       | y company<br>and for that                  |
| Entity ID Number:  | 2. The name of the limited liability company is:   |  |
| 001733500  | RCA Telehealth LLC   |  |
| 3. It is organized under the laws  | s of: Delaw  | vare                                       |
| 4. The entity is not transacting b   | business in this state and surrenders its authority  | to transact business in this state.        |
| or proceeding arising out of the   | agent, to accept service of process and consents transaction of business in the state of Rhode Isla reof on the Department of State of the State of Rh | ind, may thereafter be made on the limited |
| company that may be served or  | hich the Department of State may mail a copy of a<br>n him or her is:<br>11 Renaissance Boulevard, 3rd Floor, King of Prus                             | •  |
|  | certifies that it has no outstanding tax obligations. xes. [Note: tax status can be verified by emailing t   |  |
| 8. Date when the Cancellation v  | will be effective: CHECK ONE BOX ONLY  |  |
| Date received (Upon filing)  Later effective date (Date r  | )<br>must be no more than 90 days from the date of fili  | ing)                                       |
| Under penalty of perjury, I declar<br>all statements contained herein  | are and affirm that I have examined this Certificate<br>a are true and correct.  | e of Cancellation of Registration and that |
| Type or Print Name of Authorized Perso   | on   | Date                                       |
|  | Joanne Leasure   | 3-12-25                                    |
| Signature of Authorized Person   | ^  |  |

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** 

MAR 13 2025

BY LKS EWGR4

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:

March 13, 2025 12:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

