

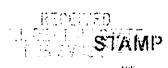
State of Rhode Island

Department of State - Business Services Division

Certificate of Withdrawal

FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00



7075 JEH 20 P 20 1

Pursuant to the provisions of <u>RIGL 7-6-83</u>, 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: | | | | |
|--|------------------------------------|--|------------------|----------------------------|---------------------------|
| 000087150 | Atlantic State | s Rural | Water & | . Was | tewater Assoc. |
| 3. It is incorporated under the laws of: Maine | | 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 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: | | | | | |
| 1077 Silas Deane Hwy # 294 | | | | | |
| Wethersfield, CT 06109 | | | | | |
| Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Withdrawal, and | | | | | |
| that all statements contained here | | examined thi | s Application fo | r Certii | licate of Withdrawal, and |
| Type or Print the Name of ☑ President or ☐ Vice President | | | | | ate , , |
| Peter Kasacek | | | | | 5/27/25 |
| Signature of President or Vice President | | | | | |
| PDE Va | | | | | |
| Type or Print the Name of Sec | etary | | | ate / | |
| Terrance Dono | | | | 6/11/d8 | |
| Signature of Secretary or Assistar | nt Secretary | | | <u>.</u> | · |
| Juny 12 | | | | | |
| WO SIGNATURES ARE REQUIRED | | | | | |
| MAIL TO: | | | E 1 | LED | |
| Division of Business Services 148 W. River Street, Providence, Rhoo | | rı | | √ ™ A B7 5 5 | |
| Phone: (401) 222-3040 Vebsite: www.sos.ri.gov | | | JUN 2 | 0.20 | - 写 入 が行 25 |
| Tensite, www.505.II.gov | | | | | |
| | | | BY 8X | 321 | 1 |
| | | | | | |

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.

RI SOS Filing Number: 202576247230 Date: 6/20/2025 2:44:00 PM



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:

June 20, 2025 02:44 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

