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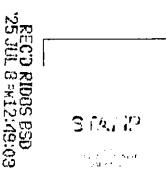


State of Rhode Island
Department of State - Business Services Division

Certificate of Withdrawal

FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00



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:

ne following statement:	_		
1. Entity ID Number: 2. The name of the corp		ration is:	
001791401	Noah Savings Inc.		
3. It is incorporated under the laws of: Delaware		4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.	
It revokes the authority of its ag or proceeding arising out of the tr profit corporation by service there	ansaction of business in th		•
 The post office address to which served on the Department of State SW 7TH ST. UNIT 7104 	e :	may mail a copy of any process a	against the corporation that is
Under penalty of perjury, we declar that all statements contained here		e examined this Application for Ce	rtificate of Withdrawal, and
Type or Print the Name of ☑ President or ☐ Vice President			Date
NASSER SHAHRIYAR RAI	MEZANI MOGHADAM		8.7.2025
Signature of President or Vice Pre	esident		
Type or Print the Name of ☑ Secretary or ☐ Assistant Secretary			Date
NASSER SHAHRIYAR RAI	MEZANI MOGHADAM		8.7.2025
Signature of Secretary or Assista	nt 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 FILED₃ 0 12 49 JUL 0 8 2025 RI SOS Filing Number: 202576695220 Date: 7/8/2025 12:49:00 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:

July 08, 2025 12:49 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

