RI SOS Filing Number: 202577622270 Date: 8/15/2025 12:13:00 PM



State of Rhode Island Department of State - Business Services Division

Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIG applies for a Certificate of Withdrathe following statement:	L.7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby awal from the State of Rhode Island, and for that purpose submits	
Entity ID Number:	2. The name of the corporation is:	

ne following statement:			
1. Entity ID Number:	2. The name of the corpora	ation is:	
001692380	Entech Engineering, Inc.		
3. It is incorporated under t	he laws of: TENNESSEE		
4. The corporation is not tra	asacting business in this state and	surrenders its authority to trans	sact business in this state.
process in any action, suit, corporation was authorized	of its registered agent in this state or proceeding based upon any ca to transact business in this state of State of the State of Rhode Isla	ause of action arising in this state may subsequently be made on t	e during the time the
	to which the Department of State on the Department of State:	may mail a copy of any service o	of process against the
2948 SIDCO DRIVE NASH	VILLE, TN 37204		
7. The corporation certifies	that it has no outstanding tax oblig	gations. As required by RIGL § 7	-1.2-1413, the corporation has
paid all fees and taxes. [No	ite: Tax status can be verified by e	mailing tax.collections@tax.ri.go	<u>ov</u> .]
If the corporation is in the on behalf of the corporation	e hands of a receiver or trustee, the by the receiver or trustee.	nis Application for Certificate of V	Vithdrawal must be executed
9. Date when this certificate	e of withdrawal will be effective: C	HECK ONE BOX ONLY	
Date received (Upon f Later effective date (D	iling) ate must be no more than 90 days	s from the date of filing)	
Under penalty of perjur including any accompanyin	y, I declare and affirm that I have o g attachments, and that all statem	examined this Application for Ce nents contained herein are true a	rtificate of Withdrawal, and correct.
Type or Print Name of Authorit	zed Officer		Date
Mitchell D. Simpson			08.14.25
Signature of Authorized Office	r of the Corporation		

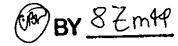
MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 12:138

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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:

August 15, 2025 12:13 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

Secretary or State

