

Filing Fee: \$10.00

ID Number: 101361



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

NON-PROFIT CORPORATION

**APPLICATION FOR
CERTIFICATE OF WITHDRAWAL**

Pursuant to the provisions of Section 7-6-83 of the General Laws of Rhode Island, 1956, as amended, 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. The name of the corporation is Community Care Services, Inc.
2. It is incorporated under the laws of Massachusetts
3. It is not conducting affairs in the state of Rhode Island.
4. It hereby surrenders its authority to conduct affairs in the state of Rhode Island.
5. It revokes the authority of its registered agent in Rhode Island to accept service of process and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in Rhode Island during the time the corporation was authorized to conduct affairs in Rhode Island may hereafter be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the secretary of state may mail a copy of any process against the corporation that may be served on him or her is:

70 Main Street, Taunton, MA 02780

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 MAR 20 AM 10:26

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.

Date: 3/19/15

10:26 AM
FILED

MAR 20 2015

By 245141

KM

Community Care Services, Inc
Print Exact Name of Corporation Making Application

By [Signature]

President or Vice President (check one)

AND

By _____

Secretary or Assistant Secretary (check one)



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

