

State of Rhode Island and Providence Plantations Department of State - Business Services Division

Application for Certificate of Withdrawal

FOREIGN Business Corporation

 \rightarrow Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-1412</u> and <u>7-1.2-1413</u>, the undersigned 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:		
000121758	Appleby & Wyman Insurance	Agency, Inc.	
3. It is incorporated under the law	vs of: MA		
4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.			
process in any action, suit, or pro	egistered agent in this state to accept beeding based upon any cause of ac insact business in this state may subs ite of the State of Rhode Island.	tion arising in this state	e during the time the
	ch the Department of State may mail	a copy of any service o	of process against the
corporation that is served on the	Department of State: 152 Conan	t Street	FEB
	Beverly, N	1A 01915	CEL
7. As required by RIGL 7-1.2-1413, the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL fetter of good standing (LOGS) for the purpose of withdrawal MUST accompany this form.			
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed			
on behalf of the corporation by the receiver or trustee.			
9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)	ust be no more than 90 days from the	a day of filing)	
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Of	ficer		Date
Christine Mi	Sciena		9-14-17
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE			
	. <u>.</u>		
MAIL TO:			FILED
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615			FEB 0 7 2018
Phone: (401) 222-3040		_	PED UILOW
Website: www.sos.ri.gov		BM	30 3019
		ца, т. ж. 	J.A. 9:39H.M
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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.

FORM 154 - Revised: 06/2016



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF ADMINISTRATION DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE, RI 02908

APPLEBY & WYMAN INSURANCE AGENCY, INC. 152 CONANT ST BEVERLY, MA 01915

LETTER OF GOOD STANDING

It appears from our records that **APPLEBY & WYMAN INSURANCE AGENCY, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **APPLEBY & WYMAN INSURANCE AGENCY, INC.** is in good standing with the Rhode Island Division of Taxation as of **01/26/2018.** This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid <u>only</u> for the specific reason listed above, and is not valid for any other reason(s).

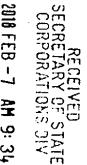
Very truly yours,

tava

Neena Savage Tax Administrator

Cheri O'Connor Supervising Revenue Officer Compliance and Collections

32409037:12769159 DLN: 10001931638 043293621





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:

February 07, 2018 09:34 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

