



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$10.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Application for Certificate of Withdrawal**

(Section 7-6-83 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is The Eye Care Network, Inc.

ARTICLE II

It is incorporated under the laws of CA

ARTICLE III

It is not conducting affairs in the state of Rhode Island.

ARTICLE IV

It hereby surrenders its authority to conduct affairs in the state of Rhode Island.

ARTICLE V

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.

ARTICLE VI

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:

345 BAKER STREET, COSTA MESA, CA 92626

Signed this 28 Day of May, 2019 at 7:39:39 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

THE EYE CARE NETWORK, INC.

Exact Name of Corporation Making Application

By ASPASIA SHAPPET

President or Vice President (check one)

AND

By SYLVIA L. URBANIEC

Secretary or Assistant Secretary (check one)

Form No. 254
Revised 09/07

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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:

May 28, 2019 07:37 PM

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

