



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

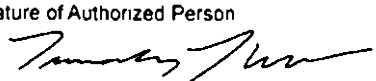
**Certificate of Cancellation**

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV STAMP  
 2021 OCT 29 PM 3:03

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>001679538</b>	2. The name of the limited liability company is: <b>Ameripride Home Care, LLC</b>
3. It is organized under the laws of: <b>Missouri</b>	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: <b>16533 N. State Highway 5, Suite 201, Sunrise Beach, MO 65079</b>	
7. As required by RIGL 7-16-8, the entity has paid all fees and franchise taxes. RI Division of Taxation's <b>ORIGINAL</b> letter of good standing (LOGS) for the purpose of dissolution <b>MUST</b> accompany this form.	
8. Date when the Cancellation will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person <b>Timothy Wright</b>	Date <b>10/25/2021</b>
Signature of Authorized Person  SIGN DOCUMENT HERE	

**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  
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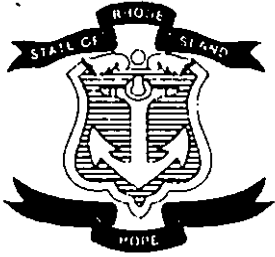
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3:03

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.

16 79538



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

PAT BEHEN  
3215 S. PROVIDENCE RD, SUITE 4  
COLUMBIA, MO 65203

## LETTER OF GOOD STANDING

It appears from our records that **Ameripride Home Care, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Ameripride Home Care, LLC** is in good standing with the Rhode Island Division of Taxation as of **10/20/2021**. 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:

## CANCELLATION

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

Very truly yours,

Handwritten signature of Neil Caouette in black ink.

NEIL CAOQUETTE  
Supervising Revenue Officer

Handwritten signature of Neena Savage in black ink.

Neena Savage  
Tax Administrator

461687754:18080615  
DLN: 10011368721



State of Rhode Island  
**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,  
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:

October 29, 2021 03:03 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

