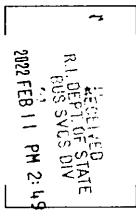


State of Rhode Island Department of State - Business Services Division

## **Application for Certificate of Withdrawal**

**FOREIGN Business Corporation** 

→ Filing Fee: \$50.00



Pursuant to the provisions of 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:			
001722175	Cell Foam Solutions Inc.			
3. It is incorporated under the la	ws of: DE			
4. The corporation is not trasact	ing business in this state and surrenders its auth	ority to transact business in this state.		
process in any action, suit, or pr	registered agent in this state to accept service of occeeding based upon any cause of action arisin ansact business in this state may subsequently l ate of the State of Rhode Island.	in this state during the time the		
<ol> <li>6. The post office address to wh corporation that is served on the 46 Parker Ave., Hawthome</li> </ol>		any service of process against the		
7.The corporation certifies that i	t has no outstanding tax obligations. As required	by RIGL § 7-1.2-1413, the corporation has		
paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov.]				
<ol> <li>If the corporation is in the har on behalf of the corporation by t</li> </ol>	ids of a receiver or trustee, this Application for C he receiver or trustee.	ertificate of Withdrawal must be executed		
9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date 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 C	fficer	Date		
David McCarthy		2/08/2022		
Signature of Authorized Officer of th		I		

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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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.

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:

February 11, 2022 02:49 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

