



State of Rhode Island  
**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  
 2023 NOV -1 P 12:14

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: <span style="font-size: 1.2em;">1749568</span>	2. The name of the limited liability company is: CUE HEALTH CT, PLLC
3. It is organized under the laws of: <span style="margin-left: 100px;">Connecticut</span>	
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:  4980 Carroll Canyon Rd., Suite 100, San Diego, CA 92121	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]	
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 Jonah Mink	Date 10/30/2023
Signature of Authorized Person <div style="border: 1px solid black; display: inline-block; padding: 2px;">                     DocuSigned by:  </div>	

**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**  
 NOV 01 2023 12:14pm  
 BBY LKS K5GR9

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**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

November 01, 2023 12:14 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

