



8/3/2015

P: 18 T:26 10001070 PP1B-021444
RUDOLF LINGENS CORPORATION



LOWELL MA 01852-2152



TIN/EIN

(Taxpayer Identification Number/Employee Identification Number)

****_***9268**

PIN

(EFTPS Personal Identification Number)


3173



Your filing has been submitted and will be reviewed by the Corporations Division. If you have any questions you may contact our office at (617) 727-9640 or e-mail our support desk at corpinfo@sec.state.ma.us

Thank You for using our online service.
Click [HERE](#) to submit another filing.

Filing Number:	201540640750
Services:	
Transaction ID:	9212605 / Corp filing (02, 00013)

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

RUDOLF LINGENS CORPORATION

Date of this notice: 07-31-2015

Employer Identification Number:
47-4669268

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Annual Report 2015
(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 001183756

1. Exact name of the corporation: RUDOLF LINGENS CORPORATION

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name:

No. and Street:

City or Town: LOWELL State: MA Zip: 01852 Country: USA

5. Street address of the corporation's principal office:

No. and Street:

City or Town: LOWELL State: MA Zip: 01852 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT		
TREASURER		
SECRETARY		
DIRECTOR		

7. Briefly describe the business of the corporation:

8. Capital stock of each class and series:

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
STK	\$0.00000	10	\$0.00	0

9. Check here if the stock of the corporation is publicly traded:

10. Report is filed for fiscal year ending: 12/31/2015

Filer's Contact Information

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name:

Business Name:

No. and Street:

City or Town: State: MA Zip: 01852 Country: USA


Contact Phone:

Contact Email:

Please provide an email address to receive an expedited response from the Corporations Division.
If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Please select delivery method for annual report notices: Email
 Mail

Signed by _____, its president
on this 17 Day of February, 2016



The Commonwealth of Massachusetts
William Francis Galvin

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Minimum Fee: \$100.00

[LOGOUT](#)

Annual Report ? Help with this form
 (General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 001183756

1. Exact name of the corporation: RUDOLF LINGENS CORPORATION

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:
 Name:
 No. and Street:
 City or Town: LOWELL State: MA Zip: 01852 Country: USA

5. Street address of the corporation's principal office:
 No. and Street:
 City or Town: LOWELL State: MA Zip: 01852 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
<input type="checkbox"/>	PRESIDENT		
<input type="checkbox"/>	TREASURER		
<input type="checkbox"/>	SECRETARY		
<input type="checkbox"/>	DIRECTOR		

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Residential Address: City: State: Zip: Country:

- Same Person as -

7. Briefly describe the business of the corporation:

8. Capital stock of each class and series:

Delete	Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments <i>Num of Shares</i> <i>Total Par Value</i>		Total Issued and Outstanding <i>Num of Shares</i>
<input type="checkbox"/>	STK	\$0.00000	10	\$0.00	0
Select from Below <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<input type="button" value="Clear"/> <input type="button" value="Add"/>					

9. Check here if the stock of the corporation is publicly traded:

10. Report is filed for fiscal year ending: 12 / 31

Special Filing Instructions
 Please indicate special filing instructions if any, that apply to this form.

Corporations Division

Payment Confirmation

Date: 2/17/2016

Confirmation date/time:	2/17/2016 9:40:19 AM
Confirmation number:	818136
Invoice number:	02000040094341573126762
Payment ID number:	4797239
Transaction ID number:	9434157
Transaction category:	Domestic Profit Corporation
Transaction type:	Annual Report - 2015
Entity name:	RUDOLF LINGENS CORPORATION

Filing fee:	\$100.00
Expedited service fee:	\$9.00
Total fee:	\$109.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

- phone: 617-727-9640
- email: corpinfo@sec.state.ma.us

Corporations Division

Payment Confirmation

Date: 2/16/2016

Confirmation date/time:	2/16/2016 4:20:06 PM
Confirmation number:	405213
Invoice number:	02000640094335753126123
Payment ID number:	4796583
Transaction ID number:	9433575
Transaction category:	Domestic Profit Corporation
Transaction type:	Articles of Voluntary Dissolution of Corporation Which Hasn't Issued Shares/Hasn't Commenced Business
Entity name:	RUDOLF LINGENS CORPORATION
<hr/>	
Filing fee:	\$100.00
Expedited service fee:	\$9.00
Total fee:	\$109.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

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If you have any questions about your request, contact our office:

- phone: 617-727-9640
- email: corpinfo@sec.state.ma.us

TO: Commissioner of Revenue
Customer Service Bureau,
P.O. Box 7010, Boston,
MA 02204, Attn: Corporate Dissolutions.

1. Intent to Dissolve

The Rudolf Lingens Corporation (47-4669268) intends to dissolve immediately (2/16/16).


2. Vote Authorizing Dissolution

Vote to Dissolve: 1 of 1

Vote not to Dissolve: 0 of 1

3. Signature of Corporate Officer

_____, President/CEO: _____

	The Commonwealth of Massachusetts William Francis Galvin	Minimum Fee: \$100.00
	Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640	

Articles of Voluntary Dissolution of Corporation Which Hasn't Issued Shares/Hasn't Commenced Business

(General Laws, Chapter 156D, Section 14.01; 950 CMR 113.40)

Identification Number: <u>001183756</u>
3. Date of incorporation: <u>07/31/2015</u>
4. The dissolution of the corporation was authorized as required by law by majority vote of (check the appropriate): <input checked="" type="checkbox"/> the incorporators <input type="checkbox"/> the initial directors
5. The corporation has not (check the appropriate): <input checked="" type="checkbox"/> issued any shares <input type="checkbox"/> commenced business
6. No debt of the corporation remains unpaid.
7. If shares were issued, the net assets of the corporation remaining after winding up have been distributed to the shareholders.
8. The dissolution of the corporation shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified. Date: Time:
Filer's Contact Information <i>(Enter a contact name, mailing address, and email and/or phone number.)</i> Contact Name: Business Name: <u>RUDOLF LINGENS CORPORATION</u> No. and Street: City or Town: <u>LOWELL</u> State: <u>MA</u> Zip: <u>01852</u> Country: <u>USA</u> Contact Phone: ext: Contact Email: Please provide an email address to receive an expedited response from the Corporations Division. If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.
Signed by _____, its <u>president</u> on this <u>17</u> Day of <u>February</u> , 2016

ID Number: 001183756

Summary for: RUDOLF LINGENS CORPORATION

The exact name of the Domestic Profit Corporation: RUDOLF LINGENS CORPORATION				
Entity type: Domestic Profit Corporation				
Identification Number: 001183756				
Date of Organization in Massachusetts: 07-31-2015				
Date of Voluntary Dissolution: 02-17-2016		Last date certain:		
Current Fiscal Month/Day: 12/31				
The location of the Principal Office:				
Address:				
City or town, State, Zip code, Country: LOWELL, MA 01852 USA				
The name and address of the Registered Agent:				
Name:				
Address:				
City or town, State, Zip code, Country: LOWELL, MA 01852 USA				
The Officers and Directors of the Corporation:				
Title	Individual Name	Address		
PRESIDENT		LOWELL, MA 01852 USA		
TREASURER		LOWELL, MA 01852 USA		
SECRETARY		LOWELL, MA 01852 USA		
DIRECTOR		LOWELL, MA 01852 USA		
Business entity stock is publicly traded: <input type="checkbox"/>				
The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:				
Class of Stock	Par value per share	Total Authorized		Total issued and outstanding
		No. of shares	Total par value	No. of shares
STK	\$ 0.00	10	\$ 0.00	0