



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

**STAMP**

FOR  
RECORDING STATE  
OFFICE

# REINSTATEMENT

1. Entity ID Number:  136058	2. The name of the entity is:  Allied Beverage Council																											
3. Date of Revocation:  8/29/2017	4. Reason for Revocation:  Registered Office																											
5. Entity Type:  Non-Profit																												
6. The reinstatement includes: <table border="0"> <tr> <td><input type="checkbox"/> Annual Reports (# of reports)</td> <td>(report filing fee) \$</td> <td>Total Fees \$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 25</td> <td>Total Fees \$ 25</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee \$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Annual Reports (# of reports)	(report filing fee) \$	Total Fees \$	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25	Total Fees \$ 25	<input type="checkbox"/> Replacement filing fee \$			<input type="checkbox"/> LOGS (Tax Good Standing)			<input type="checkbox"/> Legislative Act/Court Order			<input type="checkbox"/> Change of Agent Form (filing fee) \$			<input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. The reinstatement is accompanied by:																												

**FILED**

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