

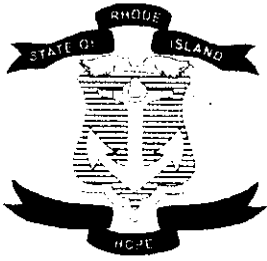


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 900629	2. The name of the entity is: James Scheuerman, LLC																																				
3. Date of Revocation: 6/27/17	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Limited Liability Company																																					
6. The reinstatement includes: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>2</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 100</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>1</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 50</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	2	(report filing fee) \$ 50	Total Fees \$ 100	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee) \$ 50	Total Fees \$ 50	<input type="checkbox"/> Replacement filing fee	\$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input type="checkbox"/> Change of Agent Form (filing fee) \$				<input 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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<input type="checkbox"/> Amendment (name change required)																																					
7. The reinstatement is accompanied by: Dissolution																																					

FILED
 11:16 NOV 22 2017
 BY LE 318138



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

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R.I. DEPT. OF STATE
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2017 NOV 22 AM 11:16

900629

JAMES SCHEUERMAN LLC
6 JUNIPER HILL DR
COVENTRY, RI 02816-6434

LETTER OF GOOD STANDING

It appears from our records that **JAMES SCHEUERMAN, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **JAMES SCHEUERMAN, LLC** is in good standing with the Rhode Island Division of Taxation as of **10/04/2017**. 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

DISSOLUTION

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,

Neena Savage
Tax Administrator

Christine Girard, Supervising Revenue Officer
Compliance and Collections

37-1753743:12239709

DLN: 10000519087

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