



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

# REINSTATEMENT

1. Entity ID Number:  146763	2. The name of the entity is:  Able Restoration, Inc.																																				
3. Date of Revocation:  12/1/15	4. Reason for Revocation:  Annual Report																																				
5. Entity Type:  Foreign Business Corporation																																					
6. The reinstatement includes: <table> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>4</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 200</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>3</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 150</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 - <b>NO FEE</b></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)	4	(report filing fee) \$ 50	Total Fees \$ 200	<input checked="" type="checkbox"/> Penalty fees (# of years)	3	(penalty fee) \$ 50	Total Fees \$ 150	<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 - <b>NO FEE</b>				<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
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7. The reinstatement is accompanied by:																																					

**FILED**

DEC 05 2017

BY 6 319156  
2:07



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

RECEIVED  
DEC 04 2017

BY:.....

146763

ABLE RESTORATION INC  
ATTN: MARK RYAN  
170 OAK HILL WAY  
BROCKTON, MA 02301-7124

## LETTER OF GOOD STANDING

It appears from our records that **ABLE RESTORATION, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **ABLE RESTORATION, INC.** is in good standing with the Rhode Island Division of Taxation as of **11/27/2017**. 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:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

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

043317635:12750487  
DLN: 10000850580

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2017 DEC -5 PM 2:07