REINSTATEMENT

Entity ID Number:	2. The name of the ent	tity is:			
159105	House of Hope of	Rhode Island, Inc	3.		
3. Date of Revocation:	4. Reason for Revocati	ion:			
04-18-2018	Annual Report				
5. Entity Type:	<u> </u>				
Non-Profit					
6. The reinstatement includes:					
ر ا	_				
Annual Reports (# of reports	s) 2	(report filing fee)	\$ 20	Total Fees \$ 40	
✓ Penalty fees (# of years)	1	(penalty fee)	\$ 25	Total Fees \$ 25	
Replacement filing fee	\$				
LOGS (Tax Good Standing)					
Legislative Act/Court Order					
Change of Agent Form (filing fee) \$					
Change of Registered Office Form - NO FEE					
Certificate of Correction					
Amendment (name change re	equired)				
7. The reinstatement is accompar	nied by:	_ 			

FILED MAY 0 2 2018 11:10