RI SOS Filing Number: 201866649640 Date: 5/21/2018 11:33:00 AM



## REINSTATEMENT

| 1. Entity ID Number:                      | 2. The name of the entity is: |                     |          |              |                 |
|---|-------------------------------|---------------------|----------|--------------|-----------------|
| 000797071                                 | Chase the Cure, Inc           |                     |          |              |                 |
| 3. Date of Revocation:                    | 4. Reason for Revocation:     |                     |          |              |                 |
| 04-18-2018                                | Annual Report                 |                     |          |              |                 |
| 5. Entity Type:                           |                               |                     |          |              |                 |
| Non-Profit                                |                               |                     |          |              |                 |
| 6. The reinstatement includes:            |                               |                     |          |              |                 |
| ✓ Annual Reports (# of reports            | s) 2                          | (report filing fee) | \$ 20.00 | Total Fees S | <b>\$</b> 40.00 |
| ✓ Penalty fees (# of years)               | 1                             | (penalty fee)       | \$ 25.00 | Total Fees   | \$ 25.00        |
| 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 required)          |                               |                     |          |              |                 |
|   |                               |                     |          |              |                 |
| 7. The reinstatement is accompa           | anied by:                     |                     |          |              |                 |
|   |                               |                     |          |              |                 |
|   |                               |                     |          |              |                 |

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