

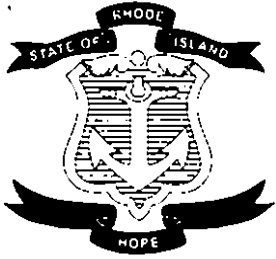


**STAMP**

# REINSTATEMENT

1. Entity ID Number: 151344	2. The name of the entity is: STRUCTURAL SYSTEMS INC																																				
3. Date of Revocation: 11/2/2017	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Foreign Business Corporation																																					
6. The reinstatement includes: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td style="text-align: center;">2</td> <td style="text-align: right;">(report filing fee) \$ 50</td> <td style="text-align: right;">Total Fees \$ 100</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td style="text-align: center;">1</td> <td style="text-align: right;">(penalty fee) \$ 50</td> <td style="text-align: right;">Total Fees \$ 50</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td style="text-align: center;">\$</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)	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 - <b>NO FEE</b>				<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:																																					

**FILED** **STAMP**  
 MAY 29 2018 12:22  
 BY 331483



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

#151344

RECEIVED

APR 26 2018

STRUCTURAL  
SYSTEMS, INC.

STRUCTURAL SYSTEMS INC  
ATTN: JAY H. BROWN  
856 TURNPIKE ST  
NORTH ANDOVER, MA 01845-6118

RECEIVED  
STATE  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAY 29 PM 12: 22

## LETTER OF GOOD STANDING

It appears from our records that **STRUCTURAL SYSTEMS, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **STRUCTURAL SYSTEMS, INC.** is in good standing with the Rhode Island Division of Taxation as of **04/23/2018**. 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

Carlita Annicelli  
Supervising Revenue Officer  
Compliance and Collections

4/18/18

042261848:13450144  
DLN: 10002499616