

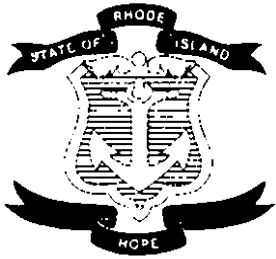


# REINSTATEMENT

STAMP

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                   |                      |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|----------------------|------------------------------|----------------------|---------------------------------------------------------------|---|------------------------|----------------------|-------------------------------------------------|----|--|--|--------------------------------------------------------------|--|--|--|------------------------------------------------------|--|--|--|---------------------------------------------------------------|--|--|--|--------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|-----------------------------------------------------------|--|--|--|
| 1. Entity ID Number:<br>768475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. The name of the entity is:<br>Trinity Management LLC |                                                                   |                      |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 3. Date of Revocation:<br>6/1/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. Reason for Revocation:<br>Annual Report              |                                                                   |                      |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 5. Entity Type:<br>Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                                                   |                      |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 6. The reinstatement includes:<br><br><table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>4</td><td>(report filing fee) \$ 50.00</td><td>Total Fees \$ 200.00</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>4</td><td>(penalty fee) \$ 50.00</td><td>Total Fees \$ 200.00</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) | 4                    | (report filing fee) \$ 50.00 | Total Fees \$ 200.00 | <input checked="" type="checkbox"/> Penalty fees (# of years) | 4 | (penalty fee) \$ 50.00 | Total Fees \$ 200.00 | <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) |  |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                                                       | (report filing fee) \$ 50.00                                      | Total Fees \$ 200.00 |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4                                                       | (penalty fee) \$ 50.00                                            | Total Fees \$ 200.00 |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |                                                                   |                      |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 7. The reinstatement is accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                                                                   |                      |                              |                      |                                                               |   |                        |                      |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |

**FILED**  
JUN 13 2018  
BY 332590  
A.A. 12:26pm  
FORM 1000 - Revised 09/2017



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

JILL HYDE  
TRINITY FINANCIAL INC  
75 FEDERAL ST, FL 4  
BOSTON, MA 02110

I.D.# 768475

## LETTER OF GOOD STANDING

It appears from our records that **Trinity Management LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Trinity Management LLC** is in good standing with the Rhode Island Division of Taxation as of **04/02/2018**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

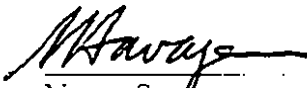
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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

  
Christine Girard  
Supervising Revenue Officer  
Compliance and Collections

800768823:11968830  
DLN: 10002361088

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUN 13 PM 12:26