



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUN 21 AM 11:27

# REINSTATEMENT

1. Entity ID Number:  46576	2. The name of the entity is:  APPLE VALLEY FAMILY TREATMENT CENTER INC																																				
3. Date of Revocation:  11/2/2017	4. Reason for Revocation:  Annual Report																																				
5. Entity Type: Professional Service Corporation																																					
6. The reinstatement includes: <table style="width: 100%; margin-top: 10px;"> <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:  Dissolution																																					

FILED

JUN 21 2018 11:27 AM  
 BY 3332a



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

# 46576

RECEIVED STATE  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUN 21 AM 11:26

APPLE VALLEY FAMILY TREATMENT CENTER  
ATTN: SUSAN FANNING  
34 SASSAFRAS RD  
NORTH KINGSTOWN, RI 02852-4311

## LETTER OF GOOD STANDING

It appears from our records that **Apple Valley Family Treatment Center, Inc.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Apple Valley Family Treatment Center, Inc.** is in good standing with the Rhode Island Division of Taxation as of **05/30/2018**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

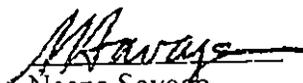
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

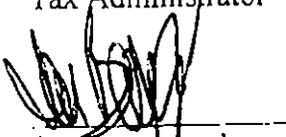
This letter is issued pursuant to the request of the above named corporation for the purpose of:

### DISSOLUTION

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

  
Ian Beauregard  
Supervising Revenue Officer  
Compliance and Collections

050437434:13717134  
DLN: 10002705452