



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

STAMP

# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|---------------------------|------------------|---------------------------------------------------------------|---|---------------------|------------------|-------------------------------------------------|----|--|--|---------------------------------------------------|--|--|--|------------------------------------------------------|--|--|--|---------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|-----------------------------------------------------------|--|--|--|
| 1. Entity ID Number<br><br>977197                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. The name of the entity is:<br><br>Rhode Island Healthcare Engineering Society |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 3. Date of Revocation:<br><br>10/14/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Reason for Revocation:<br><br>Registered Office                               |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 5. Entity Type:<br><br>Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 6. The reinstatement includes<br><br><table> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>2</td> <td>(report filing fee) \$ 20</td> <td>Total Fees \$ 40</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>2</td> <td>(penalty fee) \$ 25</td> <td>Total Fees \$ 50</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input 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 checked="" 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) | 2                | (report filing fee) \$ 20 | Total Fees \$ 40 | <input checked="" type="checkbox"/> Penalty fees (# of years) | 2 | (penalty fee) \$ 25 | Total Fees \$ 50 | <input type="checkbox"/> Replacement filing fee | \$ |  |  | <input type="checkbox"/> LOGS (Tax Good Standing) |  |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  |  | <input type="checkbox"/> Change of Agent Form (filing fee) \$ |  |  |  | <input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                                                | (report filing fee) \$ 20                                         | Total Fees \$ 40 |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                                                                | (penalty fee) \$ 25                                               | Total Fees \$ 50 |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input type="checkbox"/> Replacement filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                                                                               |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input type="checkbox"/> LOGS (Tax Good Standing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input type="checkbox"/> Legislative Act/Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input type="checkbox"/> Change of Agent Form (filing fee) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                   |                  |                           |                  |                                                               |   |                     |                  |                                                 |    |  |  |                                                   |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                               |  |  |  |                                                    |  |  |  |                                                           |  |  |  |

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