



STAMP

REINSTATEMENT

1. Entity ID Number 977197	2. The name of the entity is: Rhode Island Healthcare Engineering Society																																				
3. Date of Revocation: 10/14/2016	4. Reason for Revocation: Registered Office																																				
5. Entity Type: Non-Profit																																					
6. The reinstatement includes <table><tr><td>☒ Annual Reports (# of reports)</td><td>2</td><td>(report filing fee) \$ 20</td><td>Total Fees \$ 40</td></tr><tr><td>☒ Penalty fees (# of years)</td><td>2</td><td>(penalty fee) \$ 25</td><td>Total Fees \$ 50</td></tr><tr><td>☐ Replacement filing fee</td><td>\$</td><td></td><td></td></tr><tr><td>☐ LOGS (Tax Good Standing)</td><td></td><td></td><td></td></tr><tr><td>☐ Legislative Act/Court Order</td><td></td><td></td><td></td></tr><tr><td>☐ Change of Agent Form (filing fee) \$</td><td></td><td></td><td></td></tr><tr><td>☒ Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td></tr><tr><td>☐ Certificate of Correction</td><td></td><td></td><td></td></tr><tr><td>☐ Amendment (name change required)</td><td></td><td></td><td></td></tr></table>		☒ Annual Reports (# of reports)	2	(report filing fee) \$ 20	Total Fees \$ 40	☒ Penalty fees (# of years)	2	(penalty fee) \$ 25	Total Fees \$ 50	☐ 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)			
☒ Annual Reports (# of reports)	2	(report filing fee) \$ 20	Total Fees \$ 40																																		
☒ Penalty fees (# of years)	2	(penalty fee) \$ 25	Total Fees \$ 50																																		
☐ 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 accompanied by																																					

FILED
JUL 31 2018
BY C27545474