



STAMP

# REINSTATEMENT

|  |  |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|--|--|---|-------------------|---------------------------|-------------------|---|---|---------------------|------------------|---|----|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|
| 1. Entity ID Number:<br><br>703942   | 2. The name of the entity is:<br><br>GYMNASTICS RHODE ISLAND INC |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 3. Date of Revocation:<br><br>11/2/2017  | 4. Reason for Revocation:<br><br>Annual Report                   |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 5. Entity Type:<br><br>Domestic Business Corporation   |  |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 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) \$ 50</td><td>Total Fees \$ 100</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>1</td><td>(penalty fee) \$ 50</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 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) | 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 - 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) \$ 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 - NO FEE   |  |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Certificate of Correction   |  |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Amendment (name change required)  |  |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 7. The reinstatement is accompanied by:<br><br>Dissolution   |  |   |                   |                           |                   |   |   |                     |                  |   |    |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |

FILED

11:22 STAMP

AUG 21 2018

BY AFHVIW



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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 AUG 21 AM 11:22

# 703942

PAMELA BROCK, CPA  
615 JEFFERSON BLVD, A 102  
WARWICK, RI 02886-1388

## LETTER OF GOOD STANDING

It appears from our records that **GYMNASTICS RHODE ISLAND, INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **GYMNASTICS RHODE ISLAND, INC.** is in good standing with the Rhode Island Division of Taxation as of **08/01/2018**. 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

45-3117474:12858297  
DLN: 10003096097