



STAMP

REINSTATEMENT

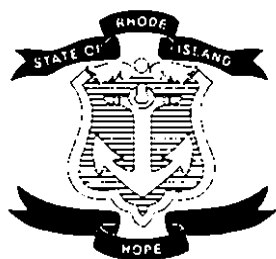
1. Entity ID Number: 427965	2. The name of the entity is: Haz-Pros, Inc.																																				
3. Date of Revocation: 12-01-2015	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Foreign Business Corporation																																					
6. The reinstatement includes: <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>4</td><td>(report filing fee) \$ 50</td><td>Total Fees \$ 200</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>3</td><td>(penalty fee) \$ 50</td><td>Total Fees \$ 150</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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20</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	Total Fees \$ 200	<input checked="" type="checkbox"/> Penalty fees (# of years)	3	(penalty fee) \$ 50	Total Fees \$ 150	<input type="checkbox"/> Replacement filing fee	\$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20				<input type="checkbox"/> Change of Registered Office Form - NO FEE				<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:																																					

FILED

OCT 23 2018 11:22

BY CU 75Q4J

427965



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 OCT 23 AM 11:22

CLAYTON KILBOURN
125A BROOK ST
WEST HARTFORD, CT 06110-2350

LETTER OF GOOD STANDING

It appears from our records that **HAZ-PROS INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **HAZ-PROS INC** is in good standing with the Rhode Island Division of Taxation as of **10/19/2018**. 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:

TAX STATUS

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

Carlita Annicelli, Supervising Revenue Officer
Compliance and Collections

061239867:14010820
DLN: 10003395925

FILED

OCT 23 2018

BY CM 7504J