

STAMP

REINSTATEMENT

1. Entity ID Number: 1664799	2. The name of the entity is: Four Seasons Assisted Living LLC																																				
3. Date of Revocation: 07-30-2018	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Limited Liability Company																																					
6. The reinstatement includes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td style="text-align: center;">3</td> <td style="text-align: right;">(report filing fee) \$ 50</td> <td style="text-align: right;">Total Fees \$ 150</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 - 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)	3	(report filing fee) \$ 50	Total Fees \$ 150	<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)			
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7. The reinstatement is accompanied by:																																					

FILED ✓
STAMP
 MAR 20 2019
 BY Ch PIZCV



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

1664799
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 20 PM 1:21

DENISE SOUCIE
FOUR SEASONS ASSISTED LIVING LLC
1057 CHOPMIST HILL RD
SCITUATE, RI 02857-1047

LETTER OF GOOD STANDING

It appears from our records that **Four Seasons Assisted Living, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Four Seasons Assisted Living, LLC** is in good standing with the Rhode Island Division of Taxation as of **03/20/2019**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

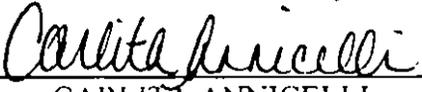
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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:

REINSTATEMENT OF REVOKED CORPORATE CHARTER

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,


CARLITA ANNICELLI
Supervising Revenue Officer



Neena Savage
Tax Administrator

FILED

MAR 20 2019 1:21

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DLN: 10004826968

By CA PIZCV