

REINSTATEMENT

S	T	٩,	. 1	F)
:		٠.			ŧ

Entity ID Number:	2. The name of the ent	ity is:					
272268	Mision Cristiana de REstauracion Casa del Alfarero of Rhode Island/The						
3. Date of Revocation:	4. Reason for Revocati	ion:					
04-18-2018	Annual Report						
5. Entity Type:							
Non-Profit							
6. The reinstatement includes:							
	. 3						
Annual Reports (# of reports	s) 3	(report filing fee)	\$ 20	Total Fees	\$ 60		
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:							
<u></u>							

APR 1 3 2020 A MP

BY W VFS V 1

3:30