



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 151903	2. The name of the entity is: 29-31 Laura Street Homeowners Association, Inc.																																				
3. Date of Revocation: 1/15/2020	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Non-Profit																																					
6. The reinstatement includes: <table> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>2</td> <td>(report filing fee) \$ 20.00</td> <td>Total Fees \$ 40.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>1</td> <td>(penalty fee) \$ 25.00</td> <td>Total Fees \$ 25.00</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input 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) \$ 20.00	Total Fees \$ 40.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee) \$ 25.00	Total Fees \$ 25.00	<input type="checkbox"/> Replacement filing fee	\$			<input 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

AUG 03 2020

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FORM 600 Revised 01/2017