



State of Rhode Island  
 Department of State - Business Services Division

# REINSTATEMENT REQUIREMENTS

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV.  
 2021 JAN 15 A 9:47

1. Entity ID Number:  000847776	2. The name of the entity is:  M. Flaherty & Associates, Inc.																											
3. Date of Revocation:  12-30-2020	4. Reason for Revocation:  Annual Report																											
5. Entity Type:  Domestic Business Corporation																												
6. The reinstatement requirements are: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Annual Reports (# of reports) 2</td> <td style="width: 30%;">(report filing fee) \$ 50.00</td> <td style="width: 40%;">Total Fees \$ 100.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 50.00</td> <td>Total Fees \$ 50.00</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports) 2	(report filing fee) \$ 50.00	Total Fees \$ 100.00	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 50.00	Total Fees \$ 50.00	<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 total fee due to RI Department of State: \$ 150.00																												

**FILED**

JAN 15 2021

BY DT H7KEQ

9:47



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

M FLAHERTY AND ASSOCIATES INC  
ATTN: MICHAEL FLAHERTY  
526 PONTIAC AVE  
CRANSTON, RI 02901

## LETTER OF GOOD STANDING

It appears from our records that M FLAHERTY AND ASSOCIATES INC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. M FLAHERTY AND ASSOCIATES INC is in good standing with the Rhode Island Division of Taxation as of 12/24/2020. 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,

CHERI OCONNOR  
Supervising Revenue Officer

Neena Savage  
Tax Administrator