



State of Rhode Island

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 JUL 23 P 12:03

# REINSTATEMENT REQUIREMENTS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|------------------------|---------------|----------------------------------------------------------------------|-----------------------------|---------------------|---------------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|--------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><br>001700590                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. The name of the entity is:<br><br>Skinner Services Inc. |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><br>05-17-2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Reason for Revocation:<br><br>Registered Office         |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><br>Foreign Business Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are: <table border="0"> <tr> <td><input type="checkbox"/> Annual Reports (# of reports)</td> <td>(report filing fee) \$</td> <td>Total Fees \$</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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20.00</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></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 type="checkbox"/> Annual Reports (# of reports) | (report filing fee) \$ | Total Fees \$ | <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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20.00 |  |  | <input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b> |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input type="checkbox"/> Annual Reports (# of reports)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (report filing fee) \$                                     | Total Fees \$                                          |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Certificate of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Amendment (name change required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 7. The total fee due to RI Department of State. \$ 70.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                        |                        |               |                                                                      |                             |                     |                                                         |  |  |                                                              |  |  |                                                      |  |  |                                                                                |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |

**FILED**

JUL 23 2021

BY E Z B Z 8  
12:03



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

THOMAS SKINNER  
586 MANLEY ST  
WEST BRIDGEWATER, MA 02379-1003

## LETTER OF GOOD STANDING

It appears from our records that **Skinner Services Inc.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Skinner Services Inc.** is in good standing with the Rhode Island Division of Taxation as of 07/21/2021. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

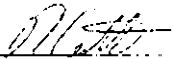
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or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

  
NEIL CAOQUETTE  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

753255300:17822880  
DLN: 10010831509