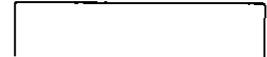




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



STAMP

REINSTATEMENT



1. Entity ID Number 85914	2. The name of the entity is: Final Touch Alterations Inc.																																				
3. Date of Revocation: 11-06-2014	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Domestic Business Corporation																																					
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;">8</td> <td style="text-align: right;">(report filing fee) \$ 50</td> <td style="text-align: right;">Total Fees \$ 400</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td style="text-align: center;">7</td> <td style="text-align: right;">(penalty fee) \$ 50</td> <td style="text-align: right;">Total Fees \$ 350</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)	8	(report filing fee) \$ 50	Total Fees \$ 400	<input checked="" type="checkbox"/> Penalty fees (# of years)	7	(penalty fee) \$ 50	Total Fees \$ 350	<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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<input type="checkbox"/> Certificate of Correction																																					
<input type="checkbox"/> Amendment (name change required)																																					
7. The reinstatement is accompanied by: Dissolution																																					

FILED
SEP 20 2021
 BY AK 19857
 8:42



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

85914

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 SEP 20 AM 8:42

FINAL TOUCH ALTERATIONS INC
ATTN: MARIA LESTE
115 MAPLE AVE
BARRINGTON, RI 02806-3519

LETTER OF GOOD STANDING

It appears from our records that **Final Touch Alterations, Inc.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Final Touch Alterations, Inc.** is in good standing with the Rhode Island Division of Taxation as of **08/19/2021**. 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:

DISSOLUTION

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

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DLN: 10011117040

FILED ✓
SEP 20 2021
BY CA K9857
8:42