



State of Rhode Island
 Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 000141129	2. The name of the entity is: Community Provider Network of Rhode Island																																				
3. Date of Revocation: 08-30-2021	4. Reason for Revocation: Registered Office																																				
5. Entity Type: Non-Profit																																					
6. The reinstatement includes: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td style="text-align: center;">1</td> <td style="text-align: right;">(report filing fee) \$ 20.00</td> <td style="text-align: right;">Total Fees \$ 20.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td style="text-align: center;">1</td> <td style="text-align: right;">(penalty fee) \$ 25.00</td> <td style="text-align: right;">Total Fees \$ 25.00</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 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 style="text-align: center;">\$</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)	1	(report filing fee) \$ 20.00	Total Fees \$ 20.00	<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: <div style="text-align: right; margin-top: 20px; font-size: 2em; font-family: cursive;">9:44</div>																																					

FILED

SEP 21 2021

BY ABTPJS2

FORM 1000 - Revised 03/2017