



# 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:	
<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)	
7. The reinstatement is accompanied by:	

9:44

**FILED**

SEP 21 2021

BY ABTPJS2