



State of Rhode Island  
**Department of State - Business Services Division**



# REINSTATEMENT

1. Entity ID Number: 1688756	2. The name of the entity is: Love and Compassion Adult Day Health Care Center
3. Date of Revocation: 11/29/2021	4. Reason for Revocation: Annual Report
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 - <b>NO FEE</b> <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Amendment (name change required)	
7. The reinstatement is accompanied by:	

**FILED**  
 DEC 21 2021  
 BY STG-9E  
AA. 10:19 AM.

STAMP  
 ORIGINAL - Revised 03/2017