



State of Rhode Island

Department of State - Business Services Division

# REINSTATEMENT

STAMP

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| 1. Entity ID Number:<br>1703302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. The name of the entity is:<br>RI Families Education Support Group (Rifesg) |
| 3. Date of Revocation:<br>06/03/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. Reason for Revocation<br>Annual Report                                     |
| 5. Entity Type:<br>Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |
| 6. The reinstatement includes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) 1 (report filing fee) \$ 20 Total Fees \$ 20.00<br><input checked="" type="checkbox"/> Penalty fees (# of years) 1 (penalty fee) \$ 25.00 Total Fees \$ 25.00<br><input type="checkbox"/> Replacement filing fee \$<br><input checked="" type="checkbox"/> LOGS (Tax Good Standing)<br><input type="checkbox"/> Legislative Act/Court Order<br><input type="checkbox"/> Change of Agent Form (filing fee) \$<br><input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b><br><input type="checkbox"/> Certificate of Correction<br><input type="checkbox"/> Amendment (name change required) |                                                                               |
| 7. The reinstatement is accompanied by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |

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