



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

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

# REINSTATEMENT

1. Entity ID Number:  001339730	2. The name of the entity is:  Total Teacher Project																																				
3. Date of Revocation:  10/13/2022	4. Reason for Revocation:  Annual Report																																				
5. Entity Type:  Non-Profit																																					
6. The reinstatement includes:																																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">(report filing fee) \$ 20</td> <td style="width: 30%; text-align: right;">Total Fees \$ 20</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td style="text-align: center;">1</td> <td>(penalty fee) \$ 25</td> <td style="text-align: right;">Total Fees \$ 25</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Legislative Act/Court Order</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Certificate of Correction</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Amendment (name change required)</td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	1	(report filing fee) \$ 20	Total Fees \$ 20	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee) \$ 25	Total Fees \$ 25	<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 - <b>NO FEE</b>				<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
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7. The reinstatement is accompanied by:																																					

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