

## **REINSTATEMENT**

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1. Entity ID Number:	2. The name of the enti	ty is:			
001720771	CHUBBY HOSPIT	TALITY LLC			
3. Date of Revocation:	4. Reason for Revocation	on:			
10-11-2022	Annual Report				
5. Entity Type:					
Limited Liability Company					
6. The reinstatement includes:					
Annual Banada (# of annual	s) 2	(	<b>* 60.00</b>	Total Force \$ 100.00	
Annual Reports (# of reports	5) 2	(report filing fee)	<b>3</b> 50.00	Total Fees \$ 100.00	
✓ Penalty fees (# of years)	1	(penalty fee)	\$ 50.00	Total Fees \$ 50.00	
Replacement filing fee	\$				
✓ LOGS (Tax Good Standing)					
Legislative Act/Court Order					
Change of Agent Form (filing fee) \$					
Change of Registered Office Form - NO FEE					
Certificate of Correction					
Amendment (name change required)					
7. The reinstatement is accompa	anied by:				

FILED

APR **20** 2023



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

SEBASTIAN FRICIA 20 COLLEGE AVE SOMERVILLE, MA 02144-1914

## LETTER OF GOOD STANDING

It appears from our records that CHUBBY HOSPITALITY LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. CHUBBY HOSPITALITY LLC is in good standing with the Rhode Island Division of Taxation as of 03/01/2023. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid <u>only</u> for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NEIL CAOUETTE

Supervising Revenue Officer

Neena Savage

Tax Administrator

:20013247

DLN: 10014915192