

REINSTATEMENT

1. Entity ID Number:	2. The name of the entity is:				
000120575	Northern Rhode Island United Nurses & Allied Professionals Lo				
3. Date of Revocation:	4. Reason for Revocation:				
06/09/2004	Annual Report				
5. Entity Type:					
Non-Profit Corporation					
6. The reinstatement requiremen	ts are:				
Annual Reports (# of reports	9 21	(report filing fee)	\$ 20	Total Fees \$	420
Penalty fees (# of years)	19	(penalty fee)	\$ 25	Total Fees \$	475
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. Accompanied by	- · · · · · · ·				

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