



REINSTATEMENT

1. Entity ID Number: 001682481	2. The name of the entity is: Healing Mind Space Counseling and Education, LLC																																																						
3. Date of Revocation: 06/03/2021	4. Reason for Revocation: Annual Report																																																						
5. Entity Type: Limited Liability Company																																																							
6. The reinstatement requirements are: <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>4</td><td>(report filing fee)</td><td>\$ 50</td><td>Total Fees \$</td><td>200</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>2</td><td>(penalty fee)</td><td>\$ 50</td><td>Total Fees \$</td><td>100</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee)</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	4	(report filing fee)	\$ 50	Total Fees \$	200	<input checked="" type="checkbox"/> Penalty fees (# of years)	2	(penalty fee)	\$ 50	Total Fees \$	100	<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 - NO FEE						<input type="checkbox"/> Certificate of Correction						<input type="checkbox"/> Amendment (name change required)					
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7. Accompanied by																																																							

FILED
MAY 17 2023
BY WFOGN



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

LISA REIDSEMA
11 S ANGELL ST STE 345
PROVIDENCE, RI 02906

#1682481

LETTER OF GOOD STANDING

It appears from our records that **Healing Mind Space Counseling and Education, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Healing Mind Space Counseling and Education, LLC** is in good standing with the Rhode Island Division of Taxation as of **04/26/2023**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

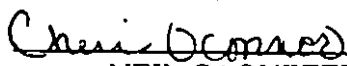
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or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

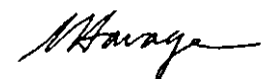
This letter is issued pursuant to the request of the above-named corporation for the purpose of:

REINSTATEMENT OF REVOKED CORPORATE CHARTER

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

Very truly yours,


NEIL CAOQUETTE
Supervising Revenue Officer


Neena Savage
Tax Administrator

824811066:20676804
DLN: 10015218035