



State of Rhode Island  
 Department of State - Business Services Division

# REINSTATEMENT

1. Entity ID Number: <b>000130426</b>	2. The name of the entity is: <b>Mixed Magic Theatre &amp; Cultural Events, Inc.</b>
3. Date of Revocation: <b>05-23-2023</b>	4. Reason for Revocation: <b>Registered Office</b>
5. Entity Type: <b>Non-Profit Corporation</b>	
6. The reinstatement requirements are:	
<input type="checkbox"/> Annual Reports (# of reports)	(report filing fee) \$ Total Fees \$
<input checked="" type="checkbox"/> Penalty fees (# of years) <b>1</b>	(penalty fee) \$ <b>25.00</b> Total Fees \$ <b>25.00</b>
<input type="checkbox"/> Replacement filing fee \$	
<input type="checkbox"/> LOGS (Tax Good Standing)	
<input type="checkbox"/> Legislative Act/Court Order	
<input type="checkbox"/> Change of Agent Form (filing fee) \$	
<input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>	
<input type="checkbox"/> Certificate of Correction	
<input type="checkbox"/> Amendment (name change required)	
7. Accompanied by	

**FILED**  
 JUN 07 2023  
 BY ML 827T1  
 1:36