



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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# REINSTATEMENT

1. Entity ID Number:  000131985	2. The name of the entity is:  Parkview Manor Social Club																																				
3. Date of Revocation:  02/25/2009	4. Reason for Revocation:  Annual Report																																				
5. Entity Type:  Non-Profit																																					
6. The reinstatement includes:  <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>16</td><td>(report filing fee) \$ 20.00</td><td>Total Fees \$ 320.00</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>15</td><td>(penalty fee) \$ 25.00</td><td>Total Fees \$ 375.00</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</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></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10.00</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	16	(report filing fee) \$ 20.00	Total Fees \$ 320.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	15	(penalty fee) \$ 25.00	Total Fees \$ 375.00	<input type="checkbox"/> Replacement filing fee	\$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10.00				<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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