

## **REINSTATEMENT**

| 1. Entity ID Number:                      | 2. The name of the entity is: |                     |          |                      |  |
|-------------------------------------------|-------------------------------|---------------------|----------|----------------------|--|
| 32652                                     | R. A. DECESARE BUILDERS, INC. |                     |          |                      |  |
| 3. Date of Revocation:                    | 4. Reason for Revocation:     |                     |          |                      |  |
| 10/12/2022                                | Annual Report                 |                     |          |                      |  |
| 5. Entity Type:                           |                               |                     |          |                      |  |
| Domestic Business Corpor                  | ation                         |                     |          |                      |  |
| 6. The reinstatement requiremen           | ts are:                       |                     |          |                      |  |
| ✓ Annual Reports (# of reports            | ) 2                           | (report filing fee) | \$ 50.00 | Total Fees \$ 100.00 |  |
| ✓ Penalty fees (# of years)               | 1                             | (penalty fee)       | \$ 50.00 | Total Fees \$ 50.00  |  |
| Replacement filing fee \$                 |                               |                     |          |                      |  |
| <b>✓</b> 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                         |                               |                     |          |                      |  |

FILED

FORM 1000 BusCorpWithin20 - Revised: 04/2023



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

D'ELLENA LAW OFFICE, LTD 700 MAIN ST EAST GREENWICH, RI 02818

ID.#32652

## LETTER OF GOOD STANDING

It appears from our records that R. A. DECESARE BUILDERS, INC. has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. R. A. DECESARE BUILDERS, INC. is in good standing with the Rhode Island Division of Taxation as of 07/10/2023. 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 FORFEITED 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,

UREGARD Supervising Revenue Officer Tax Administrator

050419777:20523148 DLN: 10015648642