



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

1. Entity ID Number:  257065	2. The name of the entity is:  Cumberland Youth Lacrosse Association																											
3. Date of Revocation:  9/13/2023	4. Reason for Revocation:  Annual Report																											
5. Entity Type:  Non-Profit Corporation																												
6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 1</td> <td>(report filing fee) \$ 20.00</td> <td>Total Fees \$ 20.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 25.00</td> <td>Total Fees \$ 25.00</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee \$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports) 1	(report filing fee) \$ 20.00	Total Fees \$ 20.00	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25.00	Total Fees \$ 25.00	<input type="checkbox"/> Replacement filing fee \$			<input type="checkbox"/> LOGS (Tax Good Standing)			<input type="checkbox"/> Legislative Act/Court Order			<input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10.			<input type="checkbox"/> Change of Registered Office Form - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
<input checked="" type="checkbox"/> Annual Reports (# of reports) 1	(report filing fee) \$ 20.00	Total Fees \$ 20.00																										
<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25.00	Total Fees \$ 25.00																										
<input type="checkbox"/> Replacement filing fee \$																												
<input type="checkbox"/> LOGS (Tax Good Standing)																												
<input type="checkbox"/> Legislative Act/Court Order																												
<input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10.																												
<input type="checkbox"/> Change of Registered Office Form - NO FEE																												
<input type="checkbox"/> Certificate of Correction																												
<input type="checkbox"/> Amendment (name change required)																												
7. Accompanied by																												

FILED

SEP 26 2023

BY 366FM

AA. 9:36 A.M.