



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 NOV -1 A 9:49

1. Entity ID Number: <b>000058444</b>	2. The name of the entity is: <b>MILK FUND, INC.</b>																											
3. Date of Revocation: <b>09-13-2023</b>	4. Reason for Revocation: <b>Annual Report</b>																											
5. Entity Type: <b>Non-Profit Corporation</b>																												
6. The reinstatement requirements are: <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports) 2</td><td>(report filing fee) \$ 20</td><td>Total Fees \$ 40</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td><td>(penalty fee) \$ 25</td><td>Total Fees \$ 25</td></tr><tr><td colspan="3"><input type="checkbox"/> Replacement filing fee \$</td></tr><tr><td colspan="3"><input type="checkbox"/> LOGS (Tax Good Standing)</td></tr><tr><td colspan="3"><input type="checkbox"/> Legislative Act/Court Order</td></tr><tr><td colspan="3"><input type="checkbox"/> Change of Agent Form (filing fee) \$</td></tr><tr><td colspan="3"><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td></tr><tr><td colspan="3"><input type="checkbox"/> Certificate of Correction</td></tr><tr><td colspan="3"><input type="checkbox"/> Amendment (name change required)</td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports) 2	(report filing fee) \$ 20	Total Fees \$ 40	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25	Total Fees \$ 25	<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 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. Accompanied by																												

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BY LHS REF