



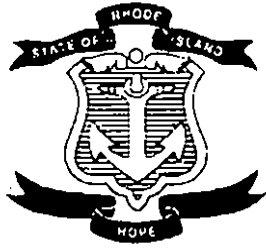
# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|------------------------------|----------------------|-----------------------------------------------------------------|------------------------|---------------------|----------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|---------------------------------------------------------------|--|--|--------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><br>151143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. The name of the entity is:<br><br>CHRISTOPHER CORP. |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><br>9/12/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. Reason for Revocation:<br><br>Annual Report         |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><br>Domestic Business Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are:<br><br><table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports) 2</td><td>(report filing fee) \$ 50.00</td><td>Total Fees \$ 100.00</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td><td>(penalty fee) \$ 50.00</td><td>Total Fees \$ 50.00</td></tr><tr><td><input type="checkbox"/> Replacement filing fee \$</td><td></td><td></td></tr><tr><td><input checked="" 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 type="checkbox"/> Change of Agent Form (filing fee) \$</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) 2 | (report filing fee) \$ 50.00 | Total Fees \$ 100.00 | <input checked="" type="checkbox"/> Penalty fees (# of years) 1 | (penalty fee) \$ 50.00 | Total Fees \$ 50.00 | <input type="checkbox"/> Replacement filing fee \$ |  |  | <input checked="" 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 - NO FEE |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (report filing fee) \$ 50.00                           | Total Fees \$ 100.00                                                |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (penalty fee) \$ 50.00                                 | Total Fees \$ 50.00                                                 |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Replacement filing fee \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" 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 - NO FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Certificate of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Amendment (name change required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 7. Accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                                     |                              |                      |                                                                 |                        |                     |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |

FILED

NOV 15 2023

BY JEHwa  
A.A. 3:35 pm.



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

KEVIN GOLDEN  
KNICKERBOCKER GROUP LLC  
2 PENN PLAZA, KGL 15TH FLOOR  
NEW YORK, NY 10121

I.D.# 151143

## LETTER OF GOOD STANDING

It appears from our records that ~~CHRISTOPHER CORP.~~ has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. ~~CHRISTOPHER CORP.~~ is in good standing with the Rhode Island Division of Taxation as of 11/06/2023. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

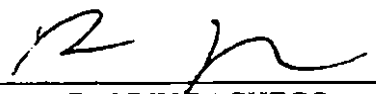
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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,

  
DANNY PACHECO  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

203735821:21022898  
DLN: 10016146889