



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 1718749	2. The name of the entity is: Towards an Anti-Racist North Kingstown																											
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) <u>20</u></td> <td>Total Fees \$ 20.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) <u>25</u></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 type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" 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) <u>20</u>	Total Fees \$ 20.00	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) <u>25</u>	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 type="checkbox"/> Change of Agent Form (filing fee) \$			<input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by _____																												

ms FILED 2023
DEC 04 2023
BY 2AYTX