



# REINSTATEMENT

1. Entity ID Number:  001671161	2. The name of the entity is:  MIAS MULTISERVICES LLC																											
3. Date of Revocation:  04/11/22	4. Reason for Revocation:  Annual Report																											
5. Entity Type:  Limited Liability Company																												
6. The reinstatement requirements are: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 4</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 200</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 2</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 100</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 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) 4	(report filing fee) \$ 50	Total Fees \$ 200	<input checked="" type="checkbox"/> Penalty fees (# of years) 2	(penalty fee) \$ 50	Total Fees \$ 100	<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 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																												

FILED 11:30

JAN 16 2024

BY SPDR1  
KS



State of Rhode Island  
**DIVISION OF TAXATION**  
One Capitol Hill  
Providence, RI 02908-5800



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JUDY SANTIAGO  
1911 WESTMINSTER STREET  
PROVIDENCE, RI 02909

Notice ID: 10016214787  
Case ID: 21160098  
Taxpayer ID: 815416434

## LETTER OF GOOD STANDING

It appears from our records that **MIAS MULTISERVICES LLC** has filed all the required returns due for this Letter of Good Standing and paid all known tax liabilities as of this date. **MIAS MULTISERVICES LLC** is in good standing with the Rhode Island Division of Taxation (Division) as of **11/24/2023**. 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 entity for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This Letter of Good Standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

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NEENA S. SAVAGE  
TAX ADMINISTRATOR

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NICOLE BROADY, Supervising Revenue Officer  
Compliance and Collections