



State of Rhode Island  
 Department of State - Business Services Division

REC'D RIDOS BSD  
 24 FEB 2 PM 12:02:07

# REINSTATEMENT

1. Entity ID Number:  001692538	2. The name of the entity is:  LASHED INC.																											
3. Date of Revocation:  10-12-2023	4. Reason for Revocation:  Registered Office																											
5. Entity Type:  Domestic Business Corporation																												
6. The reinstatement requirements are: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 1</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 50</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 50</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 - <b>NO FEE</b></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) \$ 50	Total Fees \$ 50	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 50	Total Fees \$ 50	<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 - <b>NO FEE</b>			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by Articles of Dissolution																												

*WY* FILED 1/202  
 FEB - 2 2024  
 BY gedsl



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

RALPH M CIUNCI & CO  
ATTN: RALPH M CIUNCI, CPA  
681 ATWOOD AVE  
CRANSTON, RI 02920

## LETTER OF GOOD STANDING

It appears from our records that **LASHED INC.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **LASHED INC.** is in good standing with the Rhode Island Division of Taxation as of **12/07/2023**. 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 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).

Very truly yours,

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NICOLE BROADY  
Supervising Revenue Officer

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Neena Savage  
Tax Administrator

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DLN: 10016245584