



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 001024980	2. The name of the entity is: OPIOID Treatment Association of Rhode Island (OTARI)																											
3. Date of Revocation: 10/13/2022	4. Reason for Revocation: Annual Report																											
5. Entity Type: Non-Profit Corporation																												
6. The reinstatement requirements are: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 3</td> <td>(report filing fee) \$ 20</td> <td>Total Fees \$ 60</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 2</td> <td>(penalty fee) \$ 25</td> <td>Total Fees \$ 50</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 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) 3	(report filing fee) \$ 20	Total Fees \$ 60	<input checked="" type="checkbox"/> Penalty fees (# of years) 2	(penalty fee) \$ 25	Total Fees \$ 50	<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 - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by																												

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