



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDCS BSD  
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# REINSTATEMENT REQUIREMENTS

1. Entity ID Number:  000026190	2. The name of the entity is:  Department of Rhode Island, Jewish War Veterans of the United States																											
3. Date of Revocation:  09-13-2023	4. Reason for Revocation:  Annual Report <span style="float: right;">▼</span>																											
5. Entity Type:  Non-Profit Corporation																												
6. The reinstatement requirements are:  <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports) 2</td><td>(report filing fee) \$ 20.00</td><td>Total Fees \$ 40.00</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td><td>(penalty fee) \$ 25.00</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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10</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) \$ 20.00	Total Fees \$ 40.00	<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25.00	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 checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 10			<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. The total fee due to RI Department of State: \$ 75.00																												

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MAR 15 2024

BY F9176

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