REINSTATEMENT REQUIREMENTS

1. Entity ID Number:	2. The name of the entity is:				
000026190	Department of Rhode Island, Jewish War Veterans of the United				
3. Date of Revocation:	4. Reason for Revocation:				
09-13-2023	Annual Report				•
5. Entity Type:				·	
Non-Profit Corporation					
6. The reinstatement requiremen	ts are:				
✓ Annual Reports (# of reports) 2	(report filing fee)	\$ 20.00	Total Fees \$ 40.00	
Penalty fees (# of years)	1	(penalty fee)	\$ 25.00	Total Fees \$ 25.00	
Replacement filing fee \$					
LOGS (Tax Good Standing)					
Legislative Act/Court Order					
✓ Change of Agent Form (filing fee) \$ 10					
Change of Registered Office Form - NO FEE					
Certificate of Correction					
Amendment (name change	required)				
7. The total fee due to RI Department of State: \$ 75.00					

FILED

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BY F917 Q

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