



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 001745876	2. The name of the entity is: Thriving Designs LLC																											
3. Date of Revocation: 09-11-2023	4. Reason for Revocation: Annual Report																											
5. Entity Type: Limited Liability Company																												
6. The reinstatement requirements are: <table border="0"> <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 - 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) 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 - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by Articles of Dissolution																												

FILED 157

APR 08 2024

BY HV2XN
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STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

LIZ POLANCO
225 FIAT AVE APT 1
CRANSTON, RI 02910-2565

LETTER OF GOOD STANDING

It appears from our records that **THRIVING DESIGNS LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **THRIVING DESIGNS LLC** is in good standing with the Rhode Island Division of Taxation as of **01/23/2024**. 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:


DISSOLUTION

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,



IAN BEAUREGARD
Supervising Revenue Officer



Neena Savage
Tax Administrator

001745876:20965498
DLN: 10016822610