



State of Rhode Island
 Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 115282	2. The name of the entity is: Eta Omega Alumni Corporation Board of the Delta Sigma Phi F																																				
3. Date of Revocation: 4/13/2012	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Non-Profit Corporation																																					
6. The reinstatement requirements are: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td>14</td> <td>(report filing fee) \$ 20.00</td> <td>Total Fees \$ 280.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td>13</td> <td>(penalty fee) \$ 25.00</td> <td>Total Fees \$ 325.00</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee)</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form</td> <td>- NO FEE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	14	(report filing fee) \$ 20.00	Total Fees \$ 280.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	13	(penalty fee) \$ 25.00	Total Fees \$ 325.00	<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																																					

FILED

MAY 06 2024

BY XF710
 AA. 3:00pm