RI SOS Filing Number: 202455711360 Date: 6/12/2024 2:19:00 PM



REINSTATEMENT

| 1. Entity ID Number: | 2. The name of the entity is: | | | | |
|---|-------------------------------|---------------------|----------|---------------------|--|
| 1721642 | Break Through Waves | | | | |
| 3. Date of Revocation: | 4. Reason for Revocation: | | | | |
| 6/7/2024 | Registered Office | | | | |
| 5. Entity Type: | | | | | |
| Non-Profit Corporation | | | | | |
| 6. The reinstatement requiremen | its are: | | | | |
| Annual Reports (# of reports | s) | (report filing fee) | , \$ | Total Fees \$ | |
| 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. Accompanied by | | | | | |

FILED

JUN 1 2 2024