



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

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|--|---|---|---------------------------|------------------|---|---------------------|------------------|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|
| 1. Entity ID Number: 001746065 | 2. The name of the entity is: Iglesia Evangélica Hispana UCC/Hispanic Evangelical Church I | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Date of Revocation: 9/13/2023 | 4. Reason for Revocation: Annual Report | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Entity Type: Non-Profit Corporation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 2</td> <td>(report filing fee) \$ 20</td> <td>Total Fees \$ 40</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 25</td> <td>Total Fees \$ 25</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 | Total Fees \$ 40 | <input checked="" type="checkbox"/> Penalty fees (# of years) 1 | (penalty fee) \$ 25 | Total Fees \$ 25 | <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) | | |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) 2 | (report filing fee) \$ 20 | Total Fees \$ 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Replacement filing fee \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> LOGS (Tax Good Standing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Legislative Act/Court Order | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Amendment (name change required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Accompanied by | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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