



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

|                                                                                    |                                                            |                         |  |
|------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------|--|
| 1. Entity ID Number:<br><b>001738714</b>                                           | 2. The name of the entity is:<br><b>American Colonials</b> |                         |  |
| 3. Date of Revocation:<br><b>09-13-2023</b>                                        | 4. Reason for Revocation:<br><b>Annual Report</b>          |                         |  |
| 5. Entity Type:<br><b>Non-Profit Corporation</b>                                   |                                                            |                         |  |
| 6. The reinstatement requirements are:                                             |                                                            |                         |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) <b>2</b>         | (report filing fee) \$ <b>20</b>                           | Total Fees \$ <b>40</b> |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) <b>1</b>             | (penalty fee) \$ <b>25</b>                                 | Total Fees \$ <b>25</b> |  |
| <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) \$ <b>10</b> |                                                            |                         |  |
| <input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>          |                                                            |                         |  |
| <input type="checkbox"/> Certificate of Correction                                 |                                                            |                         |  |
| <input type="checkbox"/> Amendment (name change required)                          |                                                            |                         |  |
| 7. Accompanied by                                                                  |                                                            |                         |  |

FILED 1101  
JUN 21 2024  
BY ML521  
KJ