



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

1. Entity ID Number: <b>074750</b>	2. The name of the entity is: <b>Mariners Memorial Foundation</b>																											
3. Date of Revocation: <b>4/7/2008</b>	4. Reason for Revocation: <b>Annual Report</b>																											
5. Entity Type: <b>Non-Profit Corporation</b>																												
6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 18</td> <td>(report filing fee) \$ 20.00</td> <td>Total Fees \$ 360.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 18</td> <td>(penalty fee) \$ 25.00</td> <td>Total Fees \$ 450.00</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) 18	(report filing fee) \$ 20.00	Total Fees \$ 360.00	<input checked="" type="checkbox"/> Penalty fees (# of years) 18	(penalty fee) \$ 25.00	Total Fees \$ 450.00	<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) 18	(report filing fee) \$ 20.00	Total Fees \$ 360.00																										
<input checked="" type="checkbox"/> Penalty fees (# of years) 18	(penalty fee) \$ 25.00	Total Fees \$ 450.00																										
<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)																												
7. Accompanied by																												

**FILED**

**JUL 30 2024**  
BY **DX4W8**  
**AA 12:19pm**