



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSD  
24 AUG 13 PM 12:31:55

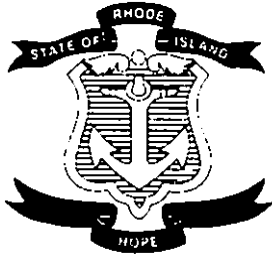
# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|------------------------|---------------|------------------------------------------------------------------------|----------------------------|-------------------------|----------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|---------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number.<br><b>001686606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. The name of the entity is:<br><b>EDDY GENERAL CONSTRUCTION LLC</b> |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation.<br><b>6/10/2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. Reason for Revocation:<br><b>Registered Office</b>                 |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><b>Limited Liability Company</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are:<br><table><tr><td><input type="checkbox"/> Annual Reports (# of reports)</td><td>(report filing fee) \$</td><td>Total Fees \$</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) <b>1</b></td><td>(penalty fee) <b>\$ 50</b></td><td>Total Fees <b>\$ 50</b></td></tr><tr><td><input type="checkbox"/> Replacement filing fee \$</td><td></td><td></td></tr><tr><td><input checked="" 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 type="checkbox"/> Change of Agent Form (filing fee) \$</td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></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 type="checkbox"/> Annual Reports (# of reports) | (report filing fee) \$ | Total Fees \$ | <input checked="" type="checkbox"/> Penalty fees (# of years) <b>1</b> | (penalty fee) <b>\$ 50</b> | Total Fees <b>\$ 50</b> | <input type="checkbox"/> Replacement filing fee \$ |  |  | <input checked="" type="checkbox"/> LOGS (Tax Good Standing) |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  | <input type="checkbox"/> Change of Agent Form (filing fee) \$ |  |  | <input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b> |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input type="checkbox"/> Annual Reports (# of reports)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (report filing fee) \$                                                | Total Fees \$                                          |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (penalty fee) <b>\$ 50</b>                                            | Total Fees <b>\$ 50</b>                                |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Replacement filing fee \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> LOGS (Tax Good Standing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Legislative Act/Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Change of Agent Form (filing fee) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                        |                        |               |                                                                        |                            |                         |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" 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**

AUG 13 2024

BY YU THY I  
20  
12:31



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

EDNEI PEREIRA  
280 MAURAN AVE  
EAST PROVIDENCE, RI 02914-4820

## LETTER OF GOOD STANDING

It appears from our records that **EDDY GENERAL CONSTRUCTION LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **EDDY GENERAL CONSTRUCTION LLC** is in good standing with the Rhode Island Division of Taxation as of **08/16/2024**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above-named corporation for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NICOLE BROADY  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

830961626:22167298  
DLN: 10017762082