



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 001759458	2. The name of the entity is: Carter'z Kreation																																				
3. Date of Revocation: 9/16/2024	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Non-Profit Corporation																																					
6. The reinstatement requirements are: <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>1</td><td>(report filing fee) \$ 20</td><td>Total Fees \$ 20</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>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><td></td></tr><tr><td><input type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	1	(report filing fee) \$ 20	Total Fees \$ 20	<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 type="checkbox"/> Change of Agent Form (filing fee) \$				<input type="checkbox"/> Change of Registered Office Form - NO FEE				<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
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7. Accompanied by																																					

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