



State of Rhode Island
 Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 000064354	2. The name of the entity is: The North American Association for the Diaconate																											
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 style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 1</td> <td>(report filing fee) \$ 20</td> <td>Total Fees \$ 20</td> </tr> <tr> <td><input 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 type="checkbox"/> Change of Agent Form (filing fee) \$</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) 1	(report filing fee) \$ 20	Total Fees \$ 20	<input 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)		
<input checked="" type="checkbox"/> Annual Reports (# of reports) 1	(report filing fee) \$ 20	Total Fees \$ 20																										
<input 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)																												
7. Accompanied by																												

FILED

SEP 30 2024

11:48

BY AA NSV

(Signature)