



REINSTATEMENT

1. Entity ID Number: 122575	2. The name of the entity is: Rhode Island Disaster Medical Assistance Team, Inc.																																													
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)</td><td>\$ 20.00</td><td>Total Fees \$ 20.00</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>1</td><td>(penalty fee)</td><td>\$ 25.00</td><td>Total Fees \$ 25.00</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</td><td>\$</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></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><td></td></tr><tr><td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	1	(report filing fee)	\$ 20.00	Total Fees \$ 20.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee)	\$ 25.00	Total Fees \$ 25.00	<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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BY ONZBV
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