



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

1. Entity ID Number:  1763139	2. The name of the entity is:  Collectiva																											
3. Date of Revocation:  6/7/2024	4. Reason for Revocation:  Registered Office																											
5. Entity Type:  Non-Profit Corporation																												
6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 1</td> <td>(report filing fee) \$ 20.00</td> <td>Total Fees \$ 20.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 25.00</td> <td>Total Fees \$ 25.00</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 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 - 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) \$ 20.00	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 checked="" 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																												

FILED  
OCT 31 2024  
BY 072EF  
AA 10:07 AM  
FORM 1000 BusCorpWithin20 - Revised 04/2023