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REINSTATEMENT

1. Entity ID Number: 000587411	2. The name of the entity is: Rhode Island State Assembly of the Association of Surgical Technicians																																													
3. Date of Revocation: 09/16/2024	4. Reason for Revocation: Annual Report																																													
5. Entity Type: Non-Profit Corporation																																														
6. The reinstatement requirements are: <table><tr><td>☒ Annual Reports (# of reports)</td><td>2</td><td>(report filing fee)</td><td>\$ 20</td><td>Total Fees \$ 40</td></tr><tr><td>☒ Penalty fees (# of years)</td><td>1</td><td>(penalty fee)</td><td>\$ 25</td><td>Total Fees \$ 25</td></tr><tr><td>☐ Replacement filing fee</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>☐ LOGS (Tax Good Standing)</td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Legislative Act/Court Order</td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Change of Agent Form (filing fee)</td><td>\$</td><td></td><td></td><td></td></tr><tr><td>☐ Change of Registered Office Form</td><td>- NO FEE</td><td></td><td></td><td></td></tr><tr><td>☐ Certificate of Correction</td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Amendment (name change required)</td><td></td><td></td><td></td><td></td></tr></table>		☒ Annual Reports (# of reports)	2	(report filing fee)	\$ 20	Total Fees \$ 40	☒ Penalty fees (# of years)	1	(penalty fee)	\$ 25	Total Fees \$ 25	☐ Replacement filing fee	\$				☐ LOGS (Tax Good Standing)					☐ Legislative Act/Court Order					☐ Change of Agent Form (filing fee)	\$				☐ Change of Registered Office Form	- NO FEE				☐ Certificate of Correction					☐ Amendment (name change required)				
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7. Accompanied by																																														

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BY LKS LRV7Z