



REINSTATEMENT

1. Entity ID Number: 001701630	2. The name of the entity is: WORKSITE WELLNESS OF PA LLC																																																						
3. Date of Revocation: 02-14-2022	4. Reason for Revocation: Annual Report																																																						
5. Entity Type: Limited Liability Company																																																							
6. The reinstatement requirements are: <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>4</td><td>(report filing fee)</td><td>\$ 50</td><td>Total Fees \$</td><td>200</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>2</td><td>(penalty fee)</td><td>\$ 50</td><td>Total Fees \$</td><td>100</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td><td></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><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee)</td><td>\$</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Registered Office Form</td><td>- 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><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	4	(report filing fee)	\$ 50	Total Fees \$	200	<input checked="" type="checkbox"/> Penalty fees (# of years)	2	(penalty fee)	\$ 50	Total Fees \$	100	<input type="checkbox"/> Replacement filing fee	\$					<input checked="" 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																																																							

FILED 11:16
NOV 19 2024
BY BT X2E
CBP



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

RECEIVED
CLERK OF STATE
CORPORATIONS
2024 NOV 19 AM 11:16

WORKSITE WELLNESS OF PA LLC
ATTN: RYAN GILROY
2223 LINDEN ST UNIT 2
BETHLEHEM, PA 18017-4806

LETTER OF GOOD STANDING

It appears from our records that **WORKSITE WELLNESS OF P A Limited Liability Company** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **WORKSITE WELLNESS OF P A Limited Liability Company** is in good standing with the Rhode Island Division of Taxation as of 10/24/2024. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

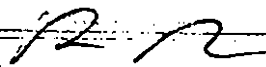
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

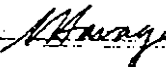
This letter is issued pursuant to the request of the above-named corporation for the purpose of:

REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,


DANNY PACHECO
Supervising Revenue Officer


Neena Savage
Tax Administrator

821875328:22423965
DLN: 10018034175