



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                                                                   |                   |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------------------------------------------------------|---|---------------------|-------------------|-------------------------------------------------|----|--|--|--------------------------------------------------------------|--|--|--|------------------------------------------------------|--|--|--|---------------------------------------------------------------|--|--|--|--------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|-----------------------------------------------------------|--|--|--|
| 1. Entity ID Number:<br><br>001731657                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. The name of the entity is:<br><br>543 BRANCH AVE LLC |                                                                   |                   |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 3. Date of Revocation:<br><br>10-11-2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. Reason for Revocation:<br><br>Annual Report          |                                                                   |                   |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 5. Entity Type:<br><br>Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                                                                   |                   |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 6. The reinstatement requirements are:<br><br><table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>4</td><td>(report filing fee) \$ 50</td><td>Total Fees \$ 200</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>3</td><td>(penalty fee) \$ 50</td><td>Total Fees \$ 150</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</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></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</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></tr><tr><td><input type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</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) | 3 | (penalty fee) \$ 50 | Total Fees \$ 150 | <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) |  |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                                                       | (report filing fee) \$ 50                                         | Total Fees \$ 200 |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                                       | (penalty fee) \$ 50                                               | Total Fees \$ 150 |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                                                   |                   |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |
| 7. Accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                                                   |                   |                           |                   |                                                               |   |                     |                   |                                                 |    |  |  |                                                              |  |  |  |                                                      |  |  |  |                                                               |  |  |  |                                                                    |  |  |  |                                                    |  |  |  |                                                           |  |  |  |

FILED 9:58

DEC 06 2024

BY NIDSB

CBN



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

REC'D RIDCS BSD  
24 DEC 6 AM 9:58:10

543 BRANCH AVE LLC  
69 HAMLIN ST  
PROVIDENCE, RI 02907-3620

## LETTER OF GOOD STANDING

It appears from our records that **543 BRANCH AVE LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **543 BRANCH AVE LLC** is in good standing with the Rhode Island Division of Taxation as of **11/21/2024**. 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,

NICOLE BROADY  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

873453775:22515561  
DLN: 10018167185