



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

1. Entity ID Number: <b>000990367</b>	2. The name of the entity is: <b>Rhode Island Career and Technical Education Trust Private</b>																												
3. Date of Revocation: <b>04/18/2018</b>	4. Reason for Revocation: <b>Annual Report</b>																												
5. Entity Type: <b>Non-Profit Corporation</b>																													
6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) <b>8</b></td> <td>(report filing fee) \$ <b>20</b></td> <td>Total Fees \$ <b>160</b></td> </tr> <tr> <td><input type="checkbox"/> Penalty fees (# of years) <b>7</b></td> <td>(penalty fee) \$ <b>25</b></td> <td>Total Fees \$ <b>175</b></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Replacement filing fee \$</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Legislative Act/Court Order</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ <b>10</b></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Certificate of Correction</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Amendment (name change required)</td> </tr> </table>			<input checked="" type="checkbox"/> Annual Reports (# of reports) <b>8</b>	(report filing fee) \$ <b>20</b>	Total Fees \$ <b>160</b>	<input type="checkbox"/> Penalty fees (# of years) <b>7</b>	(penalty fee) \$ <b>25</b>	Total Fees \$ <b>175</b>	<input type="checkbox"/> Replacement filing fee \$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)			<input type="checkbox"/> Legislative Act/Court Order			<input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ <b>10</b>			<input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by																													

FILED

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BY HPABK  
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