



# REINSTATEMENT

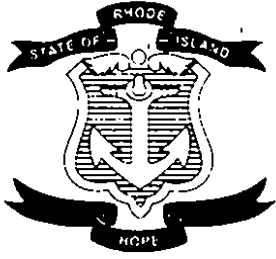
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                   |       |                     |       |                  |                                                               |   |               |       |                  |                                                 |    |  |  |  |                                                              |  |  |  |  |                                                      |  |  |  |  |                                                            |    |  |  |  |                                                                    |  |  |  |  |                                                    |  |  |  |  |                                                           |  |  |  |  |
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| 1. Entity ID Number:<br><br>000062180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. The name of the entity is:<br><br>J. PALMIERI PIZZERIA & ICE CREAM, INC. |                                                                   |       |                     |       |                  |                                                               |   |               |       |                  |                                                 |    |  |  |  |                                                              |  |  |  |  |                                                      |  |  |  |  |                                                            |    |  |  |  |                                                                    |  |  |  |  |                                                    |  |  |  |  |                                                           |  |  |  |  |
| 3. Date of Revocation:<br><br>09/17/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Reason for Revocation:<br><br>Annual Report                              |                                                                   |       |                     |       |                  |                                                               |   |               |       |                  |                                                 |    |  |  |  |                                                              |  |  |  |  |                                                      |  |  |  |  |                                                            |    |  |  |  |                                                                    |  |  |  |  |                                                    |  |  |  |  |                                                           |  |  |  |  |
| 5. Entity Type:<br><br>Domestic Business Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                   |       |                     |       |                  |                                                               |   |               |       |                  |                                                 |    |  |  |  |                                                              |  |  |  |  |                                                      |  |  |  |  |                                                            |    |  |  |  |                                                                    |  |  |  |  |                                                    |  |  |  |  |                                                           |  |  |  |  |
| 6. The reinstatement requirements are:<br><br><table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>1</td><td>(report filing fee)</td><td>\$ 50</td><td>Total Fees \$ 50</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>1</td><td>(penalty fee)</td><td>\$ 50</td><td>Total Fees \$ 50</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</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></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</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></tr><tr><td><input type="checkbox"/> Change of Registered Office Form - 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></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td><td></td></tr></table> |                                                                             | <input checked="" type="checkbox"/> Annual Reports (# of reports) | 1     | (report filing fee) | \$ 50 | Total Fees \$ 50 | <input checked="" type="checkbox"/> Penalty fees (# of years) | 1 | (penalty fee) | \$ 50 | Total Fees \$ 50 | <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                           | (report filing fee)                                               | \$ 50 | Total Fees \$ 50    |       |                  |                                                               |   |               |       |                  |                                                 |    |  |  |  |                                                              |  |  |  |  |                                                      |  |  |  |  |                                                            |    |  |  |  |                                                                    |  |  |  |  |                                                    |  |  |  |  |                                                           |  |  |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                           | (penalty fee)                                                     | \$ 50 | Total Fees \$ 50    |       |                  |                                                               |   |               |       |                  |                                                 |    |  |  |  |                                                              |  |  |  |  |                                                      |  |  |  |  |                                                            |    |  |  |  |                                                                    |  |  |  |  |                                                    |  |  |  |  |                                                           |  |  |  |  |
| <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 11, 27

JAN 10 2025

BY GVZPD





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

J PALMIERI PIZZERIA AND ICE CREAM INC  
ATTN: JOSEPH PALMIERI  
1999 PLAINFIELD PIKE  
JOHNSTON, RI 02919-5725

## LETTER OF GOOD STANDING

It appears from our records that J. PALMIERI PIZZERIA & ICE CREAM, INC. has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. J. PALMIERI PIZZERIA & ICE CREAM, INC. 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.

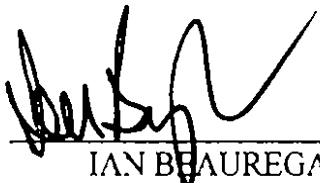
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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,

  
\_\_\_\_\_  
IAN BEAUREGARD  
Supervising Revenue Officer

  
\_\_\_\_\_  
Neena Savage  
Tax Administrator

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DLN: 10018167337