



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 000104231	2. The name of the entity is: WORKSITE WELLNESS COUNCIL OF RHODE ISLAND																											
3. Date of Revocation: 09-13-2023	4. Reason for Revocation: Annual Report																											
5. Entity Type: Non-Profit Corporation																												
6. The reinstatement requirements are: <table><tr><td>☒ Annual Reports (# of reports) 3</td><td>(report filing fee) \$ 20</td><td>Total Fees \$ 60</td></tr><tr><td>☒ Penalty fees (# of years) 2</td><td>(penalty fee) \$ 25</td><td>Total Fees \$ 50</td></tr><tr><td colspan="3">☐ Replacement filing fee \$</td></tr><tr><td colspan="3">☐ LOGS (Tax Good Standing)</td></tr><tr><td colspan="3">☐ Legislative Act/Court Order</td></tr><tr><td colspan="3">☒ Change of Agent Form (filing fee) \$ 10</td></tr><tr><td colspan="3">☐ Change of Registered Office Form - NO FEE</td></tr><tr><td colspan="3">☐ Certificate of Correction</td></tr><tr><td colspan="3">☐ Amendment (name change required)</td></tr></table>		☒ Annual Reports (# of reports) 3	(report filing fee) \$ 20	Total Fees \$ 60	☒ Penalty fees (# of years) 2	(penalty fee) \$ 25	Total Fees \$ 50	☐ Replacement filing fee \$			☐ LOGS (Tax Good Standing)			☐ Legislative Act/Court Order			☒ Change of Agent Form (filing fee) \$ 10			☐ 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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