



State of Rhode Island  
Department of State - Business Services Division

## REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------|--------------------------|------------------------------------------------------------------------|----------------------------|--------------------------|-----------------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|----------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><b>1749057</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. The name of the entity is:<br><b>Rhode Photo &amp; Film LLC</b> |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><b>9/11/2023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Reason for Revocation:<br><b>Annual Report</b>                  |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><b>Limited Liability Company</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are:<br><table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports) <b>3</b></td><td>(report filing fee) <b>\$ 50</b></td><td>Total Fees <b>\$ 150</b></td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) <b>2</b></td><td>(penalty fee) <b>\$ 50</b></td><td>Total Fees <b>\$ 100</b></td></tr><tr><td colspan="3"><input type="checkbox"/> Replacement filing fee <b>\$</b></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 type="checkbox"/> Change of Agent Form (filing fee) <b>\$</b></td></tr><tr><td colspan="3"><input checked="" 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>3</b> | (report filing fee) <b>\$ 50</b> | Total Fees <b>\$ 150</b> | <input checked="" type="checkbox"/> Penalty fees (# of years) <b>2</b> | (penalty fee) <b>\$ 50</b> | Total Fees <b>\$ 100</b> | <input type="checkbox"/> Replacement filing fee <b>\$</b> |  |  | <input checked="" type="checkbox"/> LOGS (Tax Good Standing) |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  | <input type="checkbox"/> Change of Agent Form (filing fee) <b>\$</b> |  |  | <input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b> |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (report filing fee) <b>\$ 50</b>                                   | Total Fees <b>\$ 150</b>                                                   |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (penalty fee) <b>\$ 50</b>                                         | Total Fees <b>\$ 100</b>                                                   |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Replacement filing fee <b>\$</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> LOGS (Tax Good Standing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Legislative Act/Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Change of Agent Form (filing fee) <b>\$</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Certificate of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Amendment (name change required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |
| 7. Accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                            |                                  |                          |                                                                        |                            |                          |                                                           |  |  |                                                              |  |  |                                                      |  |  |                                                                      |  |  |                                                                                      |  |  |                                                    |  |  |                                                           |  |  |

**FILED**

**MAK 11 2025**  
**BY PSA3Q**  
**★**

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2025 MAR 11 AM 8:41



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

RHODE PHOTO AND FILM LLC  
ATTN: MARGARITA KRESHCHUK  
8 ROYAL AVE  
CRANSTON, RI 02920

## LETTER OF GOOD STANDING

It appears from our records that Rhode Photo & Film LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. Rhode Photo & Film LLC is in good standing with the Rhode Island Division of Taxation as of 02/29/2025. 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,

Handwritten signature of Neil Caouette.

NEIL CAOQUETTE  
Supervising Revenue Officer

Handwritten signature of Neena Savage.

Neena Savage  
Tax Administrator

884356516:22879410  
DLN: 10018984801