RI SOS Filing Number: 202570388560 Date: 4/17/2025 9:46:00 AM



## **REINSTATEMENT**

| Entity ID Number:                         | 2. The name of the entity is: |                     |          |                     |  |
|---|-------------------------------|---------------------|----------|---------------------|--|
| 1738151                                   | Rhode Island Community Khayr  |                     |          |                     |  |
| 3. Date of Revocation:                    | 4. Reason for Revocation:     |                     |          |                     |  |
| 9/13/2023                                 | Annual Report                 |                     |          |                     |  |
| 5. Entity Type:                           |                               |                     |          |                     |  |
| Non-Profit Corporation                    |                               |                     |          |                     |  |
| 6. The reinstatement requirements are:    |                               |                     |          |                     |  |
| Annual Reports (# of reports              | 3                             | (report filing fee) | \$ 20.00 | Total Fees \$ 60.00 |  |
| Penalty fees (# of years)                 | 2                             | (penalty fee)       | \$ 25.00 | Total Fees \$ 50.00 |  |
| Replacement filing fee \$                 |                               |                     |          |                     |  |
| LOGS (Tax Good Standing)                  |                               |                     |          |                     |  |
| Legislative Act/Court Order               |                               |                     |          |                     |  |
| Change of Agent Form (filing fee) \$      |                               |                     |          |                     |  |
| Change of Registered Office Form - NO FEE |                               |                     |          |                     |  |
| Certificate of Correction                 |                               |                     |          |                     |  |
| Amendment (name change required)          |                               |                     |          |                     |  |
|   |                               |                     |          |                     |  |
| 7. Accompanied by                         |                               |                     |          |                     |  |

**FILED** 

APR 17 2025

FORM 1100 BusCorpWithin20 - Revised .04/2023