



State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number: 001678987	2. The name of the entity is: CURSILLO DE CRISTIANAD																											
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 border="0"> <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) \$</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) \$			☐ 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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