



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|-------------------|-----------------------------------------------------------------|---------------------|-------------------|----------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|---------------------------------------------------------------|--|--|---------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><b>001679993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. The name of the entity is:<br><b>Jifcam Realty, LLC</b> |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><b>06-03-2021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4. Reason for Revocation:<br><b>Annual Report</b>          |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><b>Limited Liability Company</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 6</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 300</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 4</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 200</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> </tr> </table> |                                                            | <input checked="" type="checkbox"/> Annual Reports (# of reports) 6 | (report filing fee) \$ 50 | Total Fees \$ 300 | <input checked="" type="checkbox"/> Penalty fees (# of years) 4 | (penalty fee) \$ 50 | Total Fees \$ 200 | <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 - <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) 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (report filing fee) \$ 50                                  | Total Fees \$ 300                                                   |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (penalty fee) \$ 50                                        | Total Fees \$ 200                                                   |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <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 - <b>NO FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Certificate of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Amendment (name change required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 7. Accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |

FILED

MAY 21 2025  
BY 2myPN  
913 19



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

JOSEPH M. BASSI, ESQ.  
235 PROMENADE ST, SUITE 475  
PROVIDENCE, RI 02908

## LETTER OF GOOD STANDING

It appears from our records that **Jifcam Realty, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Jifcam Realty, LLC** is in good standing with the Rhode Island Division of Taxation as of **05/19/2025**. 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,

NICOLE BROADY  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

823758824:23570632  
DLN: 10019462797