



State of Rhode Island  
Department of State - Business Services Division

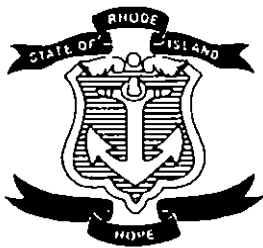
# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                     |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|-------------------|-----------------------------------------------------------------|---------------------|------------------|----------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|---------------------------------------------------------------|--|--|--------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><b>001766422</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. The name of the entity is:<br><b>PHONE HUB PROVIDENCE LLC</b> |                                                                     |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><b>09/17/2024</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) 2</td><td>(report filing fee) \$ 50</td><td>Total Fees \$ 100</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td><td>(penalty fee) \$ 50</td><td>Total Fees \$ 50</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 - NO FEE</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) 2 | (report filing fee) \$ 50 | Total Fees \$ 100 | <input checked="" type="checkbox"/> Penalty fees (# of years) 1 | (penalty fee) \$ 50 | Total Fees \$ 50 | <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 - NO FEE |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (report filing fee) \$ 50                                        | Total Fees \$ 100                                                   |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (penalty fee) \$ 50                                              | Total Fees \$ 50                                                    |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <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 - NO FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                     |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Certificate of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                     |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Amendment (name change required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                     |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 7. Accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                     |                           |                   |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                               |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |

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JUL 25 2025

CB BY 6X1K78



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

REC'D RIDOS BSD  
25 JUL 25 PM 1:04:42

PHONE HUB PROVIDENCE LLC  
ATTN: NICHOLAS JUSZCYSZYN  
1279 N MAIN ST  
PROVIDENCE, RI 02904-1827

## LETTER OF GOOD STANDING

It appears from our records that **Phone Hub Providence LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Phone Hub Providence LLC** is in good standing with the Rhode Island Division of Taxation as of **07/29/2025**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

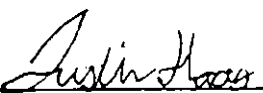
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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,

  
JUSTIN HAAS  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

934420481:23650068  
DLN: 10019823541