



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|---------------|----------------------------------------------------------------------|--------------------------|------------------|---------------------------------------------------------|--|--|---------------------------------------------------|--|--|------------------------------------------------------|--|--|---------------------------------------------------------------|--|--|-------------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><br>001099555                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. The name of the entity is:<br><br>OAKWOOD ATHLETIC AND MENTOR ASSOCIATION |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><br>06/12/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. Reason for Revocation:<br><br>Registered Office                           |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><br>Non-Profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are: <table border="0"> <tr> <td><input type="checkbox"/> Annual Reports (# of reports)</td> <td>(report filing fee) \$</td> <td>Total Fees \$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)      1</td> <td>(penalty fee)      \$ 25</td> <td>Total Fees \$ 25</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee      \$</td> <td></td> <td></td> </tr> <tr> <td><input 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 checked="" 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 type="checkbox"/> Annual Reports (# of reports) | (report filing fee) \$ | Total Fees \$ | <input checked="" type="checkbox"/> Penalty fees (# of years)      1 | (penalty fee)      \$ 25 | Total Fees \$ 25 | <input type="checkbox"/> Replacement filing fee      \$ |  |  | <input type="checkbox"/> LOGS (Tax Good Standing) |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  | <input type="checkbox"/> Change of Agent Form (filing fee) \$ |  |  | <input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input type="checkbox"/> Annual Reports (# of reports)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (report filing fee) \$                                                       | Total Fees \$                                          |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years)      1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (penalty fee)      \$ 25                                                     | Total Fees \$ 25                                       |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Replacement filing fee      \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> LOGS (Tax Good Standing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Legislative Act/Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Change of Agent Form (filing fee) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                        |                        |               |                                                                      |                          |                  |                                                         |  |  |                                                   |  |  |                                                      |  |  |                                                               |  |  |                                                                               |  |  |                                                    |  |  |                                                           |  |  |

FILED 2:11P

JUL 29 2025

BY PEZOH



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

REC'D RIDOS ESD  
25 JUL 29 PM 2:11:05

DESMON ADEWUSKI  
109 PULASKI ST  
WEST WARWICK, RI 02893

## LETTER OF GOOD STANDING

It appears from our records that **OAKWOOD ATHLETIC AND MENTOR ASSOCIATION** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **OAKWOOD ATHLETIC AND MENTOR ASSOCIATION** is in good standing with the Rhode Island Division of Taxation as of **07/17/2025**. 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

812502314:23663634  
DLN: 10019782311