State of Rhode Island
Department of State - Business Services Division

REINSTATEMENT

1. Entity ID Number:	2. The name of the entity is:
001676420	RHODE ISLAND HOMELESS ADVOCACY PROJECT
3. Date of Revocation:	4. Reason for Revocation:
11/29/2021	Annual Report

5. Entity Type:
Non-Profit Corporation

6. The reinstatement requirements are:

- [x] Annual Reports (# of reports) 5 (report filing fee) $ 20 Total Fees $ 100
- [x] Penalty fees (# of years) 4 (penalty fee) $ 25 Total Fees $ 100
- [ ] Replacement filing fee $
- [x] LOGS (Tax Good Standing)
- [ ] Legislative Act/Court Order
- [x] Change of Agent Form (filing fee) $ 10
- [ ] Change of Registered Office Form - **NO FEE**
- [ ] Certificate of Correction
- [ ] Amendment (name change required)

7. Accompanied by

FILED
AUG 6 2025 12:26
BY LSVXZ

FORM 1000 BusCorpWithin20 - Revised. 04/2023