

## REINSTATEMENT

1. Entity ID Number:	2. The name of the entity is:				
001676420	RHODE ISLAND HOMELESS ADVOCACY PROJECT				
3. Date of Revocation:	4. Reason fr	or Revocation:	_		
11/29/2021	Annual R	eport			
5. Entity Type:		· · ·		<del></del>	
Non-Profit Corporation					
6. The reinstatement requirement	ts are:				
Annual Reports (# of reports	) 5	(report filing fee)	\$ 20	Total Fees \$	100
Penalty fees (# of years)	4	(penalty fee)	\$ 25	Total Fees \$	100
Replacement filing fee \$					
✓ LOGS (Tax Good Standing)					
Legislative Act/Court Order					
Change of Agent Form (filing fee) \$ 10					
Change of Registered Office Form - NO FEE					
Certificate of Correction					
Amendment (name change required)					
7. Accompanied by					

AUG 6 2025

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