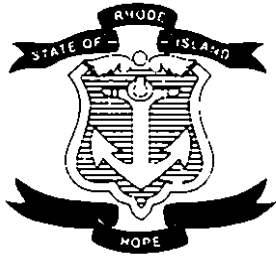




# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|-------------------|-----------------------------------------------------------------|---------------------|-------------------|----------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|-----------------------------------------------------------------------------|--|--|--------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><br>001697591                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. The name of the entity is:<br><br>KATRINA COX NUTRITION LLC |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><br>6/3/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4. Reason for Revocation:<br><br>Annual Report                 |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><br>Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are:<br><br><table><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) 5</td><td>(penalty fee) \$ 50</td><td>Total Fees \$ 250</td></tr><tr><td colspan="3"><input type="checkbox"/> Replacement filing fee \$</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td></tr><tr><td colspan="3"><input type="checkbox"/> Legislative Act/Court Order</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20</td></tr><tr><td colspan="3"><input type="checkbox"/> Change of Registered Office Form - NO FEE</td></tr><tr><td colspan="3"><input type="checkbox"/> Certificate of Correction</td></tr><tr><td colspan="3"><input type="checkbox"/> Amendment (name change required)</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) 5 | (penalty fee) \$ 50 | Total Fees \$ 250 | <input type="checkbox"/> Replacement filing fee \$ |  |  | <input checked="" type="checkbox"/> LOGS (Tax Good Standing) |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  | <input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20 |  |  | <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) 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (report filing fee) \$ 50                                      | Total Fees \$ 300                                                   |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (penalty fee) \$ 50                                            | Total Fees \$ 250                                                   |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Replacement filing fee \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> LOGS (Tax Good Standing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Legislative Act/Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                                     |                           |                   |                                                                 |                     |                   |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                    |  |  |                                                    |  |  |                                                           |  |  |

FILED  
AUG 6 2025  
BY READM  
1225



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

KATRINA COX NUTRITION LLC  
ATTN: KATRINA COX  
16 BRISTOL AVE  
PAWTUCKET, RI 02861-2118

#1697591

## LETTER OF GOOD STANDING

It appears from our records that **KATRINA COX NUTRITION LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **KATRINA COX NUTRITION LLC** is in good standing with the Rhode Island Division of Taxation as of **06/19/2025**. 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,

*Justin Haas* "for JH"

JUSTIN HAAS  
Supervising Revenue Officer

*Neena Savage*

Neena Savage  
Tax Administrator

842346607:23567986  
DLN: 10019660204