



REINSTATEMENT

1. Entity ID Number: 000103008	2. The name of the entity is: Association of Certified Fraud Examiners, Rhode Island Ch[...]																											
3. Date of Revocation: 06/12/2025	4. Reason for Revocation: Registered Office																											
5. Entity Type: Non-Profit Corporation																												
6. The reinstatement requirements are: <table><tr><td>☐ Annual Reports (# of reports)</td><td>(report filing fee) \$</td><td>Total Fees \$</td></tr><tr><td>☒ Penalty fees (# of years) 1</td><td>(penalty fee) \$ 25</td><td>Total Fees \$ 25</td></tr><tr><td>☐ Replacement filing fee \$</td><td></td><td></td></tr><tr><td>☐ LOGS (Tax Good Standing)</td><td></td><td></td></tr><tr><td>☐ Legislative Act/Court Order</td><td></td><td></td></tr><tr><td>☒ Change of Agent Form (filing fee) \$ 10</td><td></td><td></td></tr><tr><td>☐ Change of Registered Office Form - NO FEE</td><td></td><td></td></tr><tr><td>☐ Certificate of Correction</td><td></td><td></td></tr><tr><td>☐ Amendment (name change required)</td><td></td><td></td></tr></table>		☐ Annual Reports (# of reports)	(report filing fee) \$	Total Fees \$	☒ Penalty fees (# of years) 1	(penalty fee) \$ 25	Total Fees \$ 25	☐ 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)		
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7. Accompanied by																												

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