RI SOS Filing Number: 202579509100 Date: 10/6/2025 2:12:00 PM



REINSTATEMENT

| 1. Entity ID Number: | 2. The name of the entity is: | | | | |
|---|---|--------------------|-------|------------------|----------|
| 000118179 | CHAPLAIN MINISTRY HELP FOR THE CHILDREN, INC. | | | | |
| 3. Date of Revocation: | 4. Reason for Revocation: | | | | |
| 09-26-2025 | Annual Report | | | | |
| 5. Entity Type: | | | | | |
| Non-Profit Corporation | | | | | ₹ |
| 6. The reinstatement requirements are: | | | | | |
| Annual Reports (# of reports | s) 1 | (report filing fee | \$ 20 | Total Fees \$ 20 | |
| Penalty fees (# of years) | 1 | (penalty fee) | \$ 25 | Total Fees \$ 25 | |
| Replacement filing fee \$ | | | | | ļ |
| LOGS (Tax Good Standing) | | | | | |
| Legislative Act/Court Order | | | | | |
| Change of Agent Form (filing fee) \$ | | | | | |
| Change of Registered Office Form - NO FEE | | | | | |
| Certificate of Correction | | | | | |
| Amendment (name change required) | | | | | |
| 7. Accompanied by | | | | | |

FILED

OCT - 6 2025