



State of Rhode Island  
Department of State - Business Services Division

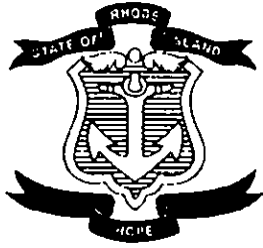
# REINSTATEMENT

|   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
|---|--|---|---------------------------|-------------------|---|---------------------|-------------------|--|--|--|---|--|--|--|--|--|---|--|--|---|--|--|--|--|--|---|--|--|---|--|--|----------------------------------|--|--|----------------------------------|--|--|
| 1. Entity ID Number:<br>000122104   | 2. The name of the entity is:<br>ELISSA REALTY, LLC. |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| 3. Date of Revocation:<br>12-29-2020  | 4. Reason for Revocation:                            |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| 5. Entity Type:<br>Limited Liability Company  |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| 6. The reinstatement requirements are:<br><table border="0"><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports) 7</td><td>(report filing fee) \$ 50</td><td>Total Fees \$ 350</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><input type="checkbox"/> Replacement filing fee \$</td><td></td><td></td></tr><tr><td><input type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Fictitious Business Name(s) to be canceled/no longer available</td><td></td><td></td></tr><tr><td colspan="3">Fictitious name for cancellation</td></tr><tr><td colspan="3">Fictitious name for cancellation</td></tr></table> |  | <input checked="" type="checkbox"/> Annual Reports (# of reports) 7 | (report filing fee) \$ 50 | Total Fees \$ 350 | <input checked="" type="checkbox"/> Penalty fees (# of years) 5 | (penalty fee) \$ 50 | Total Fees \$ 250 | <input type="checkbox"/> Replacement filing fee \$ |  |  | <input type="checkbox"/> LOGS (Tax Good Standing) |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  | <input type="checkbox"/> Change of Agent Form (filing fee) \$ |  |  | <input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  | <input type="checkbox"/> Fictitious Business Name(s) to be canceled/no longer available |  |  | Fictitious name for cancellation |  |  | Fictitious name for cancellation |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) 7   | (report filing fee) \$ 50                            | Total Fees \$ 350   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) 5   | (penalty fee) \$ 50                                  | Total Fees \$ 250   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> Replacement filing fee \$  |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> LOGS (Tax Good Standing)   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> Legislative Act/Court Order  |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> Change of Agent Form (filing fee) \$   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> Certificate of Correction  |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> Amendment (name change required)   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| <input type="checkbox"/> Fictitious Business Name(s) to be canceled/no longer available   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| Fictitious name for cancellation  |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| Fictitious name for cancellation  |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |
| 7. Accompanied by   |  |   |                           |                   |   |                     |                   |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |   |  |  |                                  |  |  |                                  |  |  |

FILED

OCT 08 2025

BY *KVEGAP*  
FORM - Revised: 5/2023  
10:08AM



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

ELISSA REALTY LLC  
1090 6TH AVE N  
NAPLES, FL 34102-5604

## LETTER OF GOOD STANDING

It appears from our records that **ELISSA REALTY LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **ELISSA REALTY LLC** is in good standing with the Rhode Island Division of Taxation as of **09/17/2025**. 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,

DANNY PACHECO  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

020578283:23652882  
DLN: 10020044267