

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
(401) 222-3040

INSTRUCTIONS FOR FILING STATEMENT OF REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS BY ACT OF THE CORPORATION

Section 7-1.2-1305 of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

1. By the act of the corporation, a corporation may within 120 days of the effective date of the Articles of Dissolution revoke voluntary dissolution proceedings previously taken, by filing a Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation (Form No. 110) with the Office of the Secretary of State, Corporations Division, at the above address. When the statement is completed, signed, and submitted with the correct filing fee, the original shall be filed in this office.
2. The Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation must be accompanied by a filing fee of \$10.00, and payment should be made payable to the Rhode Island Secretary of State.
3. A copy of the corporate resolution to revoke the dissolution proceedings must be attached to the statement.
4. At the time of filing, the corporation must be in good standing and current with the filing of its annual reports and the maintenance of its registered agent and its registered office in this state.
5. The corporation should contact the Corporations Division at (401) 222-3040 to determine whether or not the corporate name is still available for use in this state. If the name is not available, then withdrawal of the Certificate of Dissolution shall be conditioned upon the corporation filing an amendment changing its name to one that is available.
6. The Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation must be signed by an authorized officer of the corporation.

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

Filing Fee: \$10.00

ID Number: _____



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BUSINESS CORPORATION

**STATEMENT OF REVOCATION OF
VOLUNTARY DISSOLUTION PROCEEDINGS
BY ACT OF THE CORPORATION**

Pursuant to the provisions of Section 7-1.2-1305 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement of revocation of voluntary dissolution proceedings heretofore taken by act of the corporation:

1. The name of the corporation is _____

2. The names and respective addresses of its officers are:

<u>Name</u>	<u>Office</u>	<u>Address</u>
_____	President	_____
_____	Vice President	_____
_____	Treasurer	_____
_____	Secretary	_____

(If more space is required, please list on separate attachment.)

3. The names and respective addresses of its directors are:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

(If more space is required, please list on separate attachment.)

4. The resolution adopted by the shareholders of the corporation revoking its voluntary dissolution proceedings is as follows:

[Attach copy of resolution]

5. The number of shares outstanding is _____
6. The number of shares voted for and against the resolution, respectively are:

7. As required by Section 7-1.2-1306 of the General Laws, the corporation has paid all fees and franchise taxes.
8. This Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation shall be effective upon filing.

Under penalty of perjury, I declare and affirm that I have examined this Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: _____

Signature of Authorized Officer of the Corporation

Type or Print Name of Authorized Officer