



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF  
 CORPORATIONS DIV  
 2018 FEB 12 AM 11:37

**Articles of Amendment**  
 DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: <b>000008745</b>	2. The name of the corporation is: <b>FRANK DUPUIS COMPANY</b>												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>7-1.2</u> adopted the following amendment(s) to the Articles of Incorporation on:													
4. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>													
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment. <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Total Authorized Shares (Number of Shares)</th> <th style="text-align: left; border-bottom: 1px solid black;">Class of Stock</th> <th style="text-align: left; border-bottom: 1px solid black;">Par Value Per Share</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">2,000</td> <td style="border-bottom: 1px solid black;">CNP - SERIES 'A'</td> <td style="border-bottom: 1px solid black;">\$0.0000</td> </tr> <tr> <td style="border-bottom: 1px solid black;">6,000</td> <td style="border-bottom: 1px solid black;">CNP - SERIES 'B'</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 5px;">Check the box to indicate no change <input type="checkbox"/></div>		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	2,000	CNP - SERIES 'A'	\$0.0000	6,000	CNP - SERIES 'B'				
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
2,000	CNP - SERIES 'A'	\$0.0000											
6,000	CNP - SERIES 'B'												
6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Perpetual (on-going)                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Date certain for dissolution _____                 </div> <div style="text-align: right; margin-top: 5px;">Check the box to indicate no change <input checked="" type="checkbox"/></div>													
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. <div style="margin-top: 20px; text-align: right;">                     Check the box to indicate an attachment <input type="checkbox"/> <span style="margin-left: 200px;">Check the box to indicate no change <input checked="" type="checkbox"/></span> </div>													

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY 324033

FORM 101 - Revised 11/2017

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment  Check the box to indicate no change

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)  
 Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer of the Corporation	Date
<b>MARC A. DUPUIS</b>	<b>JANUARY 29, 2018</b>

Signature of Authorized Officer of the Corporation



PRINT SIGNATURE HERE



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

February 12, 2018 12:36 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

