



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2024 JAN -8 P 12:26

**Certificate of Correction**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: ~~\$40.00~~ *no fee*

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: <b>001679264</b>	2. The name of the corporation is: <b>RI</b>
3. The document to be corrected is: <b>Articles of Amendment</b>	4. The date the document being corrected was originally filed: <b>09/26/2023</b>
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: - Changed name to RI - Effective date is 09/12/2023 (prior to file date)	
6. The new corrected portion of the document states as follows: - Correct name to be Diversity Talks PD Inc. - Effective date is 09/26/2023	
7. The corrected document <b>MUST</b> be attached to this certificate.	

Check the box to indicate an attachment

Check the box to indicate an attachment

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

**FILED**  
JAN 08 2024  
*BY LKS 12:26pm*

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

The correction was adopted at a meeting of the members held on 01/05/2024, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.

The correction was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.

The correction was adopted at a meeting of the Board of Directors held on \_\_\_\_\_, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

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

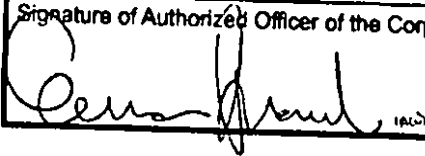
Type or Print Name of Authorized Officer of the Corporation

Edwine Paul

Date

01/05/2024

Signature of Authorized Officer of the Corporation





State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
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:

January 08, 2024 12:26 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

