

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$10.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

LOGOUT

Non-Pro	fit	Corporation
Articles	of	Amendment

? Help with this form

(Section 7-6-40 of the General Laws of Rhode Island, 1956, as amended)

ARTICL F	= I

The name of the corporation is The Nancy Degnan Fund, Inc.

If the entity's name is changing, state the new name: The Nancy Degnan Fund, Inc.

## **ARTICLE II**

If the corporate duration is changing, so state: 

Perpetual

(mm/dd/yyyy)

If the corporate purpose is changing, so state:

TO RAISE MONEY FOR THE RI ALS ASSOCIATION, DEVELOP AND MAINTAIN A SCHOLARSHIP FUND IN NANCY DEGNAN'S NAME FOR THE SAWYER SCHOOL IN PAWTUCKET, RI, AND DONATE FUNDS TO OTHER ORGANIZATIONS WHO SERVE THOSE IN NEED OF SUPPORT.

If there is a change in the number of directors, modify this section:

The number of directors constituting the Board of Directors of the Corporation is

and the names and addresses of the persons who are to serve as the directors are:

	Title	Individual Name	Address
Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
	PRESIDENT	ROBERT DEGNAN	200 SACHEM ROAD NORTH KINGSTOWN, RI 02852- USA
	DIRECTOR	SEVERINE DEGNAN	200 SACHEM ROAD NORTH KINGSTOWN, RI 02852 USA

Select From Below	Select From Below	Title:	· · · · · · · · · · · · · · · · · · ·	
First Name:	Middle Name:	Last Nan	ne:	Suffix:
Address:	City:	State:	Zip:	Country:

						Clear	Add
If there are any o	ther provisions to be	e amended, so s	tate:				
							·
							*::
		ARTI	CLE III				
The Amendment	was adopted in the	following manne	r:				
(check one box	only)						
which meeting a	nent was adopted at quorum was presen t or represented by	t, and the amend	dment receive	d at least a	a majority	(mm/dd/yyy) of the votes	
	nent was adopted by I to vote with respec		iting on	<	(mm/da	<i>l/yyyy)</i> , sign	ed by all
(mm/dd/yyyy) , ar	nent was adopted at nd received the vote ith respect thereto.						5
		ARTI	CLE IV				
	dment is to become than 30 days after, the filir			(mm/dd/y)	/yy)		
Filer's Contact I (Enter a contact i Contact Name:	nformation name, mailing addre ROBERT DEGNAN	•					
Business Name:	THE NANCY DEG	NAN FUND					
No. and Street:	200 SACHEM ROA	<b>ND</b>					
City or Town:	NORTH KINGSTO	WN	State: RI	Zip: 0	2852	Country:	USA
Contact Phone:	(401) 477-0117	ext:	<u> </u>	,			
Contact Email: Please provide a the filing is reject Division will be	ROB@NANCYDEG an email address to cted for any reason sent by mail.	o receive an exp	pedited respo dress is prov	onse from vided, cor	the Corp responde	oorations Di ence from th	Clear vision if ne
Signed this 22	Day of July, 2009	o+ 2,25,44 DN	1 This alactr	eonio sian	ature of	tha individu	al or

individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.  The Nancy Degnan Fund, Inc.  Corporate Name	
By ROBERT DEGNAN	
President or  Vice President (check one)	ļ
AND	
By SEVERINE DEGNAN	
Secretary or Assistant Secretary (check one)	
By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I.  Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this Accept Decline	
Click HERE to Submit This Information	
Form No. 201 Revised 09/07	
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