



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

Fee: \$10.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Articles of Amendment**

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

ARTICLE I

The name of the corporation is Association of Chinese Hand Surgeons United

If the entity's name is changing, state the new name: Association of Chinese-speaking Hand Surgeons United

ARTICLE II

If the corporate duration is changing, so state: X Perpetual ____

If the corporate purpose is changing, so state:

THIS ORGANIZATION IS FORMED FOR THE PURPOSE OF PROMOTING THE SCIENCE AND PRACTICE OF HAND SURGERY, AND PROMOTING AND DEVELOPING A COOPERATIVE

PROFESSIONAL RELATIONSHIP AMONG HAND SURGEONS IN CHINA AND THOSE SPEAKING

CHINESE OR WITH CHINESE HERITAGE, OR SERVING CHINESE POPULATION OVER THE

WORLD. ITS MAIN OBJECTIVES ARE: 1. TO PROMOTE QUALITY OF PATIENT CARE OF SURGERY OF THE HAND AND UPPER EXTREMITY IN CHINA AND AMONG CHINESE-SPEAKING HAND SURGEONS, HAND SURGEONS OF CHINESE HERITAGE OR SERVING CHINESE POPULATION IN THE WORLD, 2. TO ADVANCE SCIENCE AND TECHNOLOGY OF

HAND SURGERY THROUGH COOPERATIVE EFFECTS OF HAND SURGEONS IN CHINA AND OF

CHINESE HERITAGE OVER THE WORLD, 3. TO PROMOTE THE FREE EXCHANGE OF KNOWLEDGE, 4. TO PROVIDE OPPORTUNITIES FOR EDUCATION AND PROFESSIONAL DEVELOPMENT, 5. TO ENHANCE THE OPPORTUNITY OF HAND SURGERY TRAINING AND

RESEARCH THROUGH FRIENDLY EXCHANGE PROGRAMS, 6. TO DISSEMINATE KNOWLEDGE

THROUGH PUBLICATIONS, 7. TO ENHANCE TEACHING BY ORGANIZING SCIENTIFIC MEETINGS AND REGIONAL INSTRUCTIONAL COURSES, 8. TO ADVANCE COLLABORATION

AND COLLEGIALLY OF HAND AND UPPER EXTREMITY SURGEONS IN CHINA AND GLOBALLY THROUGH DIVERSE OUTREACH PROGRAMS.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JIN BO TANG	9 SIMMONS ROAD BARRINGTON, RI 02806 USA
SECRETARY	REN GUO XIE	20 WEST TEMPLE RAOD NANTONG, JIANGSU, 226001 CHN
VICE PRESIDENT	ZENG TAO WANG	NO 324 JINGWU ROAD JINAN, SHANDONG, 250021 CHN
DIRECTOR	ZENG TAO WANG	NO. 324, JINGWU ROAD JINAN, SHANDONG, SD 250021 CN
DIRECTOR	REN GUO XIE	20 WEST TEMPLE ROAD NANTONG, JIANGSU, JS 226001 CN
DIRECTOR	JIN BO TANG	9 SIMMONS ROAD BARRINGTON, RI 02806 USA

If there are any other provisions to be amended, so state:

ARTICLE III

The Amendment was adopted in the following manner:

(check one box only)

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

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

X The amendment was adopted at a meeting of the Board of Directors held on 6/10/2017 , and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

ARTICLE IV

Date when amendment is to become effective 7/15/2017
(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Signed this 12 Day of July, 2017 at 10:08:03 AM. This electronic signature of the individual 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 the 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.

Association of Chinese Hand Surgeons United
Corporate Name

By JIN BO TANG

X President or ___ Vice President (check one)

AND

By REN GUO XIE

☒ Secretary or ☐ Assistant Secretary (check one)

Form No. 201
Revised 09/07

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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:

July 12, 2017 10:07 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

