



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
APR 18 PM 12:41

## Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: <div style="font-size: 24px; font-family: cursive;">1681356</div>	2. The name of the corporation is: <div style="font-size: 24px; font-family: cursive;">MOTHERS THAT MATTER</div>
3. If the entity's name is changing, state the new name: <div style="font-size: 24px; font-family: cursive; text-align: center;">Keeper of Sheep</div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. If the period of its duration is changing complete the following section. <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i> <div style="height: 150px; border: 1px solid black;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div>Check the box to indicate no change <input checked="" type="checkbox"/></div> </div>	
6. If the number of directors is increasing or decreasing ( <b>not less than 3 directors</b> ), state the number of directors in this section: <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div>Check the box to indicate no change <input checked="" type="checkbox"/></div> </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](http://www.sos.ri.gov)

**FILED P**

APR 18 2018

BY 328954

FORM 201 - Revised: 11/2017

A.A. 12:41 p.m.

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

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

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

- ☐ The amendment was adopted at a meeting of the 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.
- ☒ The amendment was adopted at a meeting of the Board of Directors held on 4/18/18, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9. 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 30 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 the Name of the Non-Profit Corporation

MOTHERS THAT MATTER

*(I have not elected officers yet)*

Type or Print Name of the President ☒ OR Vice President ☐

Tracy Walker

Date

4/18/18

Signature of President OR Vice President

SIGN DOCUMENT HERE

Type or Print Name of the Secretary ☐ OR Assistant Secretary ☒

Tracy Walker

Date

4/18/18

Signature of the Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

**TWO SIGNATURES ARE REQUIRED**

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., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 201 - Revised: 11/2017



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:

April 18, 2018 12:41 PM

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*

