



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY -4- PM 2:22

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: 133177	2. The name of the corporation is: STAGES OF FREEDOM
3. If the entity's name is changing, state the new name: Check the box to indicate no change ☒	
4. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____ Check the box to indicate no change ☒	
5. 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. 1) TO PROVIDE SWIMMING LESSONS FOR RHODE ISLAND AFRICAN AMERICAN & OTHER LOW-INCOME CHILDREN 2) TO PROMOTE AFRICAN AMERICAN HISTORY & CULTURE TO THE ENTIRE COMMUNITY Check the box to indicate an attachment ☐ Check the box to indicate no change ☐	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: *List ALL directors as of this amendment	
NAME	ADDRESS
Check the box to indicate an attachment ☒ Check the box to indicate no change ☐	

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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STAMP

MAY 04 2018

BY HL 330033
 2022

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 5/2/18, 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

STAGES OF FREEDOM

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

CHERYL R. JORDAN

Date

5/2/18

Signature of President OR Vice President

Cheryl R. Jordan

SIGN DOCUMENT HERE

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

CONSTANCE F. JORDAN

Date

5/2/18

Signature of the Secretary OR Assistant Secretary

Constance F. Jordan

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.

Stages of Freedom Board of Directors

Cheryl Jordan, Chair
904 Village Road East
Norwood, MA 02062

Patsea Cobb, Treasurer
1 Fitchburg Street, Apt. C416
Somerville, MA 02143

Constance Jordan, Secretary
904 Village Road East
Norwood, MA 02062

Andrew Galli
242 South Patterson Street
Baltimore, MD 21231

Judith Litoff
248 Morris Avenue
Providence, RI 02906

Rafael Adames
PO Box 2591
Providence, RI 02906

Charlayne Osborne
30 Barton Street
Providence, RI 02909



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:

May 04, 2018 02:22 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

