



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 JUN 11 AM 10:32

**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.<br><br><b>001678876</b>   | 2. The name of the corporation is:<br><br><b>MILE OF HISTORY ASSOCIATION</b> |
| 3. If the entity's name is changing, state the new name:<br><br><div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>  |  |
| 4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b><br><input type="checkbox"/> Perpetual (on-going)<br><input type="checkbox"/> Date certain for dissolution _____<br><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><br><br><b>The Mile of History Association (MoHA) shall operate for community, civic, charitable and educational purposes. MoHA shall work to protect, preserve and enhance the historic and architectural heritage of Providence's Mile of History District in order to insure its continued designation in the National Register of Historic Places.</b><br><br><div style="display: flex; justify-content: space-between;"> <span>Check the box to indicate an attachment <input type="checkbox"/></span> <span>Check the box to indicate no change <input type="checkbox"/></span> </div> |  |
| 6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: 19<br><i>*List ALL directors as of this amendment</i>  |  |
| NAME   | ADDRESS  |
| <b>See Attachment</b>  |  |
|  |  |
|  |  |
| <div style="display: flex; justify-content: space-between;"> <span>Check the box to indicate an attachment <input checked="" type="checkbox"/></span> <span>Check the box to indicate no change <input type="checkbox"/></span> </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

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

See Attachment

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 June 8, 2018, 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

MILE OF HISTORY ASSOCIATION

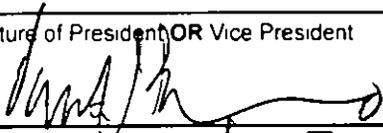
Type or Print Name of the President  OR Vice President

Vincent Buonanno

Date

6/8/2018

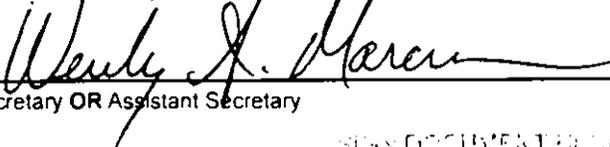
Signature of President OR Vice President



SIGN DOCUMENT HERE

Type or Print Name of the Secretary  OR Assistant Secretary

Wendy Marcus



Date

6/8/2018

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.

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**Articles of Amendment**

Mile of History Association

Attachments to Form 201

**6. Names and addresses of the persons who are directors:**

| <b>Name</b>           | <b>Address</b>                                |
|-----------------------|---|
| Vincent Buonanno      | 30 Benefit Street, Providence, RI 02904       |
| Charles Hewitt        | 35 Benefit Street, Providence, RI 02904       |
| Wendy Marcus          | 33 Benefit Street, Providence, RI 02904       |
| William Deveney       | 52 Benefit Street, Providence, RI 02904       |
| Edie Ajello           | 29 Benefit Street, Providence, RI 02904       |
| Toby Ayers            | 81 Benefit Street Front, Providence, RI 02904 |
| Dan Baudouin          | 2 Thomas Street, Providence, RI 02903         |
| Marisa Brown          | 91 Williams Street, Providence, RI 02906      |
| Barry Fain            | 48 Congdon Street, Providence, RI 02906       |
| Carl Farmer           | 362 Benefit Street, Providence, RI 02903      |
| Grace Farmer          | 362 Benefit Street, Providence, RI 02903      |
| Linda Getgen          | 52 Benefit Street, Providence, RI 02904       |
| Alan Goer             | 33 Benefit Street, Providence, RI 02904       |
| Ryan Holt             | 52 Halsey Street #5, Providence, RI 02906     |
| Paul Kappel           | 151 Pratt Street, Providence, RI 02906        |
| Liz Mauran            | 151 Power Street, Providence, RI 02906        |
| Tim More              | 135 Benefit Street, Providence, RI 02903      |
| Brent Runyon          | 9 Hollywood Rd., Providence, RI 02909         |
| Cynthia Ventre-Hewitt | 35 Benefit Street, Providence, RI 02904       |

**7. Additional Provisions:**

MoHA shall have the powers enumerated in the Rhode Island Nonprofit Corporation Act, as amended; provided, however, MoHA shall exercise its powers only in furtherance of exempt purposes as such terms are defined in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and the regulations promulgated thereunder. No Director, employee, agent, representative, or recipient of any grant from MoHA shall take any action or carry on any activity by or on behalf of MoHA, which action or activity is not permitted to be taken or carried on by organizations exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code (and the regulations now existing or as they may be hereafter amended), or which are not permitted to be taken by an organization to which contributions are deductible pursuant to Section 170(c)(2) of said Code.

No Director, Officer, employee or person connected with MoHA shall at any time receive any of the income of MoHA, other than reasonable compensation given in exchange for services provided to MoHA, and/or expenses incurred on behalf of MoHA, and as approved by the Board.

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MoHA shall not participate in or intervene in (including the publishing or distribution of statements) any political campaigns on behalf of any candidates for public office. MoHA shall provide equal access to all candidates who request to address MoHA.

This organization shall not solicit or accept funds from any sources which are contingent upon support of any political candidate or party or are otherwise inappropriate for an organization qualifying under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended.

In the event of termination, dissolution or winding up of MoHA in any manner or for any reasons whatsoever, its remaining assets, if any, shall be distributed to (and only to) one or more organizations existing solely for educational and/or charitable purposes and qualifying under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended.



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:

June 11, 2018 10:32 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

