

Department of State - Business Services Division

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CORPORATIONS DIV
2018 JUL -19 PM 1:58

DOMESTIC Non-Profit Corporation

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: 1686374	2. The name of the corporation is: Be My Home International
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 <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island</i> 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: <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
Reem Alkurdi Mrs.	3206 Mendon Road, Cumberland, RI 02864 U.S.A
Abdullah Kanaan Mr.	109 Berkley Street, Cranston, RI 02910 U.S.A
Fawaz Hafez Suleiman	1233 Chalkstone Ave, Providence RI 02908 U.S.A
Check the box to indicate an attachment ☐ Check the box to indicate no change ☐	

Website: www.sos.ri.gov

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BY A 335233

Name	Address
Abdelillah Alsassa	4 Atlantic Ave., North Providence, RI 02904, U.S.A

Widyan Ali	200 Shore Circle, Apt. # 224 East Providence, RI 02914. U.S.A
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Stephanie Sanford	28 Katlyne Ct. Westport, MA 02790. U.S.A
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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 07/19/2018, 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 _____, 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

Be My Home International

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

Widyan Ali

Date

07/19/2018

Signature of President OR Vice President

Widyan Ali

SIGN DOCUMENT HERE

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

Reem Hamzeh

Date

07/19/2018

Signature of the Secretary OR Assistant Secretary

Reem Hamzeh

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.

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:

July 19, 2018 01:58 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

