



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUL 27 PM 3:48

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: 150544	2. The name of the corporation is: Rhode Island Business Plan Competition, Inc.
3. If the entity's name is changing, state the new name: Rhode Island Business Competition, Inc. <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: CHECK ONE BOX ONLY <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="display: flex; justify-content: space-between;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/> </div>	
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
<div style="display: flex; justify-content: space-between;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/> </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

FILED

JUL 27 2018

BY 335818

FORM 201 - Revised: 11/2017

A.A. 3:48 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 July 23, 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

Rhode Island Business Plan Competition, Inc.

Type or Print Name of the President <input checked="" type="checkbox"/> OR Vice President <input type="checkbox"/>	Date
Margaret D. Farrell	7.23.18

Signature of President OR Vice President

Margaret D. Farrell - SIGNATURE OF PRESIDENT

Type or Print Name of the Secretary <input checked="" type="checkbox"/> OR Assistant Secretary <input type="checkbox"/>	Date
Anthony Mangiarelli	7.23.18

Signature of the Secretary OR Assistant Secretary

A. Mangiarelli - SIGNATURE OF SECRETARY

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.