State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $10.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Articles of Amendment

(Section 7-6-40 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is Art to Reduce Mental Health Stigma

If the entity's name is changing, state the new name: Art to Reduce Mental Health Stigma

ARTICLE II

If the corporate duration is changing, so state: **X** Perpetual ___

If the corporate purpose is changing, so state:

TO CLARIFY THE PURPOSE OF THE ORGANIZATION THE FOLLOWING LANGUAGE IS BEING ADDED BY THIS AMMENDMENT:

THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC PURPOSES
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL
TAX CODE.

THE PURPOSE OF THIS ORGANIZATION IS TO CHALLENGE THE STIGMA SURROUNDING MENTAL
ILLNESS
THROUGH ART FORMS.
WE WILL DO THIS THROUGH HOSTING VARIOUS ART EVENTS FOR INDIVIDUALS WITH MENTAL
ILLNESS AND
ALLIES. THE
RESULTS OF THE ART EVENTS WILL BE PITCHED TO MEDIA OUTLETS UPON AGREEMENT WITH THE
ARTISTS.
ANY REVENUE
GENERATED FROM THE MEDIA OUTLETS WOULD BE DISTRIBUTED ACCORDING TO THE AGREEMENT
WITH
MEDIA OUTLET,
ARTISTS, AND MEMBERS OF CORPORATION. THIS PROCESS WOULD INCREASE BOTH INDIVIDUAL
ACTIONS

AND
INSTITUTIONAL CHANGE TO DECONSTRUCT THE STIGMA SURROUNDING MENTAL ILLNESS. NO
PROFITS WILL
BE GENERATED.

If there is a change in the number of directors, modify this section:

The number of directors constituting the Board of Directors of the Corporation is

and the names and addresses of the persons who are to serve as the directors are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	NICOLE ELAINE SPRING	343 THAYER PROVIDENCE, RI 02906 USA
INCORPORATOR	MIRABELLA ANN ROBERTS	69 BROWN STREET PROVIDENCE, RI 02906 USA
DIRECTOR	NICOLE ELAINE SPRING	343 THAYER PROVIDENCE, RI 02906 USA
DIRECTOR	MIRABELLA ANN ROBERTS	69 BROWN STREET PROVIDENCE, RI 02906 USA
DIRECTOR	BRIA METZGER	69 BROWN STREET PROVIDENCE, RI 02906 USA

If there are any other provisions to be amended, so state:

THE FOLLOWING IS AN AMENDMENT TO ADD THE FOLLOWING DISSOLUTION CLAUSE:

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES
WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY
FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL
GOVERNMENT, FOR A PUBLIC PURPOSE.

ARTICLE III

The Amendment was adopted in the following manner:

(check one box only)

__ The amendment was adopted at a meeting of 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.

X The amendment was adopted at a meeting of the Board of Directors held on 9/11/2018 , and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

ARTICLE IV

Date when amendment is to become effective 9/11/2018
(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Signed this 11 Day of September, 2018 at 12:13:38 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

Art to Reduce Mental Health Stigma
Corporate Name

By MIRABELLA ROBERTS

X President or __ Vice President (check one)

AND

By BRIA METZGER

X Secretary or __ Assistant Secretary (check one)

Form No. 201
Revised 09/07

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:

September 11, 2018 12:10 PM

Nellie M. Gorbea
Secretary of State