MAIL TO:

Division of Business Services

transacted in the State of Rhode Island.

148 W. River Street, Providence, Rhode Island 02904-2615

Check the box to indicate an attachment L

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:40

FILED

Check the box to indicate no change

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FORM 101 - Revised | 03/201

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8. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment Check the	box to indicate no change
9 As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes	
10. 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 90 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 Name of Authorized Officer of the Corporation	Date
Anne Holland	09.05.2018
Signature of Authorized Officer of the Corporation	