



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

# Articles of Amendment

## DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2018 NOV 19 AM 8:40

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: <b>000792848</b>	2. The name of the corporation is: <b>Lincoln Mobile Estates Tenants Association</b>
3. If the entity's name is changing, state the new name: <b>n/a</b> Check the box to indicate no change <input checked="" type="checkbox"/>	
4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Perpetual (on-going) <b>n/a</b> <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the entity's purpose is changing complete the following section: *The new purpose should include <b>ALL</b> activity to be transacted in the State of Rhode Island. <b>The purpose shall be to protect the best interests of the mobile home owner; to negotiate for, acquire and operate the park on behalf of the member residents and to conduct any and all other business associated with the purchase of and management of the mobile home park</b>	
Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: <b>n/a</b> *List <b>ALL</b> directors as of this amendment	
NAME	ADDRESS
Stephen Clark	27 Woodward Road, #41, Lincoln, RI 02865
Daryl Holburn	27 Woodward Road, #58, Lincoln, RI 02865
Joan McKinnon	27 Woodward Road, #57, Lincoln, RI 02865
Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/>	

## 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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8:40

BY

TSZyy

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

n/a

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 10/29/2018, 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

**Lincoln Mobile Estates Tenants Association**

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

**Stephen Clark**

Date

**11/14/2018**

Signature of President OR Vice President



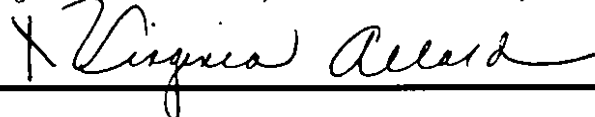
Type or Print Name of the Secretary ☒ OR Assistant Secretary ☐

**Virginia Allard**

Date

**11/14/2018**

Signature of the Secretary OR Assistant Secretary



**TWO SIGNATURES ARE REQUIRED**



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:

November 19, 2018 08:40 AM

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*

