

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

## **Articles of Amendment**

**DOMESTIC Non-Profit Corporation** 

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-40</u>, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

R.I. DEPT OF STATE BUS SVCS DIV

| of Amendment to its Articles of Inci                 | orporation:                            | <u></u>   |
|--|--|---|
| 1. Entity ID Number:                                 | 2. The name of the corporation is:     |   |
| 001685530  | RISE WOMEN LEAD!                       | ERSHIP CONFERENCE                                 |
| If the entity's name is changing state the new name: | R.I.S.E. Women's Leadership            | Conference  |
|  |  | Check the box to indicate no change               |
| 4. If the period of its duration is ch               | nanging complete the following section | on: CHECK ONE BOX ONLY                            |
| Perpetual (on-going)                                 |  |   |
| Date certain for dissolution _                       |  | Check the box to indicate no change               |
|  |  | The new purpose should include ALL activity to be |
| transacted in the State of Rhode Islan               | nd.                                    |   |
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| Check the box to indicate an attac                   | chment                                 | Check the box to indicate no change               |
| 6. If the number of directors is inc                 | reasing or decreasing (not less than   |   |
| state the number of directors in th                  | is section:                            | ,           |
| *List ALL directors as of this amenda                | nent                                   |   |
| NAME   | ADDRESS                                |   |
| Hilina Ajakalye                                      | 64 Atlantic Ave, Providen              | ice, RI 02907                                     |
| Meron Yesihak  | 153 West Boylston Street               | t, #5, Worcester, MA 01583                        |
| ismail Ajakaiye                                      | 911 Herkiner Street, Broo              | klyn, NY 11233                                    |
| Check the box to indicate an attac                   | chment                                 | Check the box to indicate no change               |
|  |  |   |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:51

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| 7. If adding or amending additional provisions, complete the following section:  |                                     |  |  |
|--|-------------------------------------|--|--|
|  |                                     |  |  |
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|  |                                     |  |  |
|  |                                     |  |  |
| 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 (  | DNLY                                |  |  |
| 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, 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  | KONLY                               |  |  |
| ✓ 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   |                                     |  |  |
| R.I.S.E. Women's Leadership Conference   |                                     |  |  |
| Type or Print Name of the President ☑OR Vice President ☐   | Date                                |  |  |
| Hilina Ajakaiye  | 11/19/18                            |  |  |
| Signature of President OR Vice President  SIGN DOCUMENT HERE  SIGN DOCUMENT HERE   |                                     |  |  |
| Type or Print Name of the Secretary SR Assistant Secretary   | Date                                |  |  |
| Meron Yesihak  | (1/19/18                            |  |  |
| Signature of the Secretary OR Assistant Secretary  (MAGN DOCUMENT) HERE  | Colonk                              |  |  |
| L /- /- /- /- /- /- /- /- /- /- /- /- /  |                                     |  |  |

TWO SIGNATURES ARE REQUIRED