



## 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  
STATE  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 FEB -4 PM 3:05

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:  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">000113818</div>	2. The name of the corporation is:  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Rhode Island Southern Firemen's League</div>
3. If the entity's name is changing, state the new name: <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span> <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Rhode Island Southern Firefighter's League</div>	
4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	
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>	
Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input checked="" type="checkbox"/></span>	
6. If the number of directors is increasing or decreasing ( <b>not less than 3 directors</b> ), state the number of directors in this section: <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input checked="" type="checkbox"/></span>	

## MAIL TO:

## Division of Business Services

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

**Phone: (401) 222-3040**

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

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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 2/26/2018, 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

**Rhode Island Southern Firemen's League**

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

**Robert A. Peacock**

Date

**1/30/19**

Signature of President OR Vice President



SIGN DOCUMENT HERE

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

**Christopher A. Koretski**

Date

**1/30/19**

Signature of the Secretary OR Assistant Secretary



SIGN DOCUMENT HERE

**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](mailto:corporations@sos.ri.gov).



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:

February 04, 2019 03:05 PM

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*

