



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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CORPORATIONS DIV  
2019 MAR 15 PM 12:16

**Application for Amended Certificate of Authority**  
**FOREIGN Business Corporation**

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>000508397</b>	2. The name of the corporation is: <b>Everett Financial, Inc.</b>
3. It is incorporated under the laws of: <b>Texas</b>	4. List the date the Certificate of Authority was issued by the RI Department of State: <b>07/15/2009</b>
5. If the entity's name has changed, state the new name: <div style="text-align: right;">Check box to indicate no change <input checked="" type="checkbox"/></div>	
6. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:  	
7. 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>  <div style="display: flex; justify-content: space-between;"><div>Check the box to indicate an attachment <input type="checkbox"/></div><div>Check box to indicate no change <input checked="" type="checkbox"/></div></div>	

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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BY Ch 25H4B

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).

**\*List ALL authorized shares as of this amendment.**

Check the box to indicate an attachment ☐ Check box to indicate no change ☐

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10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

☒ Date received (Upon filing)☐ Later effective date (Date must be no more than 90 days from the date of filing)

Name of Authorized Officer of the Corporation

Date

**Richard A Hogle**

02/20/2019

Signature of Authorized Officer

1. *Journal of the American Medical Association*, 1990; 263: 1025-1028.

FORM 151 - Revised: 12/2017