



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$10.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Articles of Amendment**

(Section 7-6-40 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is NursesMC

If the entity's name is changing, state the new name: NursesMC

ARTICLE II

If the corporate duration is changing, so state: Perpetual

If the corporate purpose is changing, so state:

THE PURPOSES FOR WHICH THE CORPORATION EXISTS ARE TO ADVANCE
EDUCATION
BY FACILITATING AND SUPPORTING THE ESTABLISHMENT, OPERATION, AND/OR
MANAGEMENT OF NOT-FOR-PROFIT EDUCATIONAL INSTITUTIONS, INCLUDING
PUBLIC
SCHOOLS, PUBLIC CHARTER SCHOOLS, AND NONPUBLIC SCHOOLS WITH A FOCUS
ON
PREPARING STUDENTS TO DEVELOP THE SKILLS, KNOWLEDGE, AND PASSION
NECESSARY TO EXCEL IN THE NURSING AND ALLIED HEALTH PROFESSIONS. THE
CORPORATION MAY PROVIDE SERVICES TO SUCH SCHOOLS AND THEIR RESPECTIVE
STAFF AND STUDENTS, AS WELL AS ENTER INTO MANAGEMENT AGREEMENTS WITH
CERTAIN CHARTER SCHOOLS PURSUANT TO MANAGEMENT. THE CORPORATION
SHALL
BE AT ALL TIMES OPERATED IN ACCORDANCE WITH AND FOR THE EDUCATIONAL,
SCIENTIFIC, AND CHARITABLE PURPOSES PROVIDED IN SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE
FEDERAL TAX CODE.
UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR
ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE
FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR
TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS
NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT
JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE
ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH
ORGANISATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH
ARE
ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

If there is a change in the number of directors, modify this section:

The number of directors constituting the Board of Directors of the Corporation is

and the names and addresses of the persons who are to serve as the directors are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANGELA PATTERSON	200 EXCHANGE STREET, UNIT 1413 PROVIDENCE, RI 02903 USA
DIRECTOR	ANGELA PATTERSON	200 EXCHANGE STREET UNIT 1413 PROVIDENCE, RI 02903 USA
DIRECTOR	CHARLES ALEXANDRE	86 THIRD STREET PROVIDENCE, RI 02903 USA
DIRECTOR	NANCY MCMAHON	77 CLUBHOUSE WAY SUTTON, MA 01590 USA

If there are any other provisions to be amended, so state:

ARTICLE III

The Amendment was adopted in the following manner:

(check one box only)

The amendment was adopted at a meeting of 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 12/14/2019 , 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.

ARTICLE IV

Date when amendment is to become effective

(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Signed this 18 Day of March, 2020 at 2:49:37 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

NursesMC

Corporate Name

By ANGELA PATTERSON

President or Vice President (check one)

AND

By CHARLES ALEXANDRE

Secretary or Assistant Secretary (check one)

Form No. 201
Revised 09/07

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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:

March 18, 2020 02:48 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

