



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

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Articles of Amendment
 DOMESTIC Non-Profit Corporation

2020 JUL 14 PM 1:10

2020 JUL 13 PM 3:17

→ Filing Fee: \$10.00

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. 001702991	2. The name of the corporation is: RiteFit
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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> Recruitment, staffing and job placement. Said organization is organized exclusively for charitable purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input 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: 7	
<i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
M. Zachary Mezera	140 DePasquale Avenue, Providence, RI 02903
Cristina Amedeo	33 Lane #1, Warwick, RI 02888
Michele Munoz-Hanley	64 Mechanic Street 1A, Attleboro, MA 02703
Check the box to indicate an attachment <input checked="" 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

FILED ✓
 JUL 14 2020
 BY C. M. N. Y. C.
 1:10

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

Upon the 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.

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 7/7/2020, 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

RiteFit

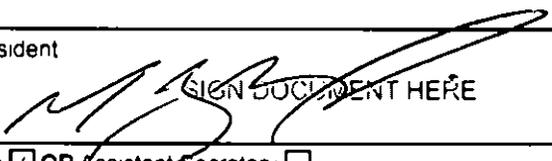
Type or Print Name of the President OR Vice President

M. Zachary Mezera

Date

7/13/2020

Signature of President OR Vice President


SIGN DOCUMENT HERE

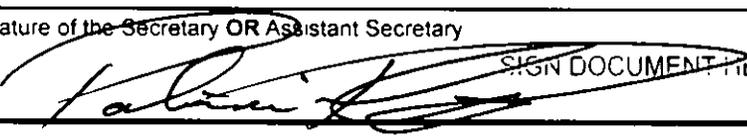
Type or Print Name of the Secretary OR Assistant Secretary

Patricia Martinez

Date

7/13/2020

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.

FORM 201 - Revised 03/2019

1702991

RiteFit, Inc.
Board of Directors
as of July 2020

President

Mr. M. Zachary Mezera
140 DePasquale Avenue
Providence, RI 02903

Vice President

Ms. Cristina Amedeo
33 Lane #1
Warwick, RI 02888

Treasurer

Ms. Michele Munoz-Hanley
64 Mechanic Street 1A
Attleboro, MA 02703

Secretary

Ms. Patricia Martinez
142 Oakland Avenue
Pawtucket, RI 02861

Mr. James Burdick
77 Gray St
Warwick, RI 02889

Mr. Alvaro Canales
103 Rowley Street
Providence, RI 02909

Mr. Craig Baker
44 Hickory Road
Attleboro, MA 02703



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:

July 14, 2020 01:10 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

