



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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## Articles of Amendment

### DOMESTIC Non-Profit Corporation

→ 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:  791717	2. The name of the corporation is:  Caritas Smile
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: <b>CHECK ONE BOX ONLY</b> <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>  A volunteer Community Development Organization focused on positively training, educating and empowering disadvantaged communities in Rhode Island and worldwide.  Address Change to 141 Glen Ridge Rd. Cranston, R.I. 02920.  Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
Sixcia Devine	141 Glen Ridge Rd. Cranston, R.I. 02920
Olga Perdomo	50 Kingston Rd. Narragansett, R.I. 02882
Abraham Henderson	16 Lisbon St. Providence, R.I. 02908
Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input 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

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BY RGGZK  
11:20

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

Address Change:

TO: 141 Glen Ridge Rd. Cranston, R. I. 02920

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 June 9<sup>th</sup> 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

Caritas Smile

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

Sixcia Devine

Date

6/23/20

Signature of President OR Vice President

 SIGN DOCUMENT HERE

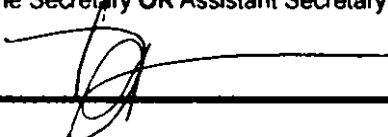
Type or Print Name of the Secretary ☒ OR Assistant Secretary ☐

David Varone

Date

6-23-20

Signature of the Secretary OR Assistant Secretary

 SIGN DOCUMENT HERE

**TWO SIGNATURES ARE REQUIRED**



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 16, 2020 11:20 AM

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*

