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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: 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> 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. <div style="display: flex; justify-content: space-between;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/> </div>	
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
<div style="display: flex; justify-content: space-between;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/> </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

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JUL 16 2020
 BY RGGZK
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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 9th 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

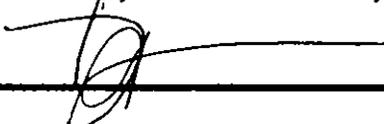

Type or Print Name of the Secretary OR Assistant Secretary

David Varone

Date

6-23-20

Signature of the Secretary OR Assistant Secretary

 SIGN DOCUMENT HERE

TWO SIGNATURES ARE REQUIRED