Filing Fee: \$50.00



Corp. I.D. #0058679

## State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335

PLEASE TAKE NOTICE that the corporation must be in good standing prior to filing

## ARTICLES OF AMENDMENT

\_ . TO THE

## ARTICLES OF INCORPORATION

**OF** 

RUSSOLINO & YOUNG, LTD

Pursuant to the provisions of Section 7-1.1-56 of the General Laws, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is RUSSOLINO & YOUNG, LTD.

SECOND: The shareholders of the corporation on December 28, in the manner prescribed by Chapter 7-1.1 of the General Laws, 1956, as amended, adopted the following amendment(s) to the Articles of Incorporation:

[Insert Amendment(s)]

The provisions of the existing Article FIRST are hereby deleted and the following is substituted in lieu thereof, effective January 1, 1995:

FIRST: The name of the corporation is:

RUSSOLINO, NELSON & YOUNG, LTD.

FILED DEC 29 1994 LC-435-13445-3

	· · · · · · · · · · · · · · · · · · ·	and the number of shares er	ng at the time of such		
FOURTH: 'to vote thereon	The designation and n as a class were as fol	number of outstanding shares	of each class entitled		
	Class		Number of Shares		
	None				
and the number	of shares voted again	ted for such amendment was st such amendment was	100 ;		
for and against	ne number of shares of such amendment, res	f each class entitled to vote th pectively, was: (if inapplicable, Number of S	nsert "none")		
	Class	For	Against		
	None	<del>_</del>	<del></del>		
reclassification,	or cancellation of issu	ged shares provided for in the	which any exchange, amendment shall be		
recrassification, effected, is as fo	or cancellation of issu llows: (If no change, so st	ged shares provided for in the	which any exchange, amendment shall be		
enected, is as to	or cancellation of issu	ged shares provided for in the	which any exchange, amendment shall be		
enected, is as to	or cancellation of issu	ged shares provided for in the	which any exchange, amendment shall be		
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STATE OF RHODE ISLAND	) a -		
County of Providence	Sc.		
At Pin-lore	in said county on this, 19 94, personally appe		day of
Russolino, who, being by	me first duly sworn, declared t		President
	ng document as Prese		of the
		Notary Public	2- Hotgli
(NOTARIAL SEAL)			

CE	RTIFICATE OF INSURA	NCE:				CSR YC 1	2/29/94		
H	ROUGER Hadley Insurance Agency, Inc.		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION CHLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE						
246 Durfee St. Fall River, MA 02722-2526 PHONE 508-678-5267			POLICIES BELOW.						
			COMPANIES AFFORDING COVERAGE						
Russolino, Nelson & Young, LTD West Exchange Cntr. suite 303			COMPANY LETTER A Beacon Mutual Insurance Co.						
			COMPANY LETTER B Merchants Insurance Group						
~	60 West Exchange St rovidence RI	•	COMPANY LETTER C CNA Insurance						
02903			COMPANY LETTER D						
> C/	COVEDAGES			COMPANY LETTER E					
	THIS IS TO CERTIFY THAT POLICIE PERICO INDICATED. NOTWITHSTAND WHICH THIS CERTIFICATE MAY BE I ALL TERMS, EXCLUSIONS, AND COND	S OF INSURANCE LIS ING ANY REQUIREMEN SSUED OR MAY PERTA	TED BELOW T, TERM OR IN. THE IN	MAVE BEEN ISSUED CONDITION OF AN SURANCE AFFORDER	TO THE INSURED  Y CONTRACT OR O	NAMED ABOVE FOR THE OTHER DOCUMENT WITH R	POLICY		
CO LTR		POLICY NUM	BER	POLICY EFF DATE	POLICY EXP	LIMIT	s		
	GENERAL LIABILITY					GENERAL AGGREGATE	1,000,000		
В	20 COMMERCIAL GEN LIABILITY	88BO 25 6	008201	06/18/94	06/18/95	PROD-COMP/OP AGG.	1,000,000		
	[ ] CLAIMS MADE [X] OCC.					PERS. & ADV. INJURY	1,000,000		
	[ ] OWNERS'S & CONTRACTOR'S PROTECTIVE					EACH OCCURRENCE	1,000,000		
	[]					FIRE DAMAGE (ANY ONE FIRE)	50,000		
	[]					MED. EXPENSE (ANY ONE PERSON)	1,000		
	AUTOMOBILE LIAB					COMB. SINGLE LIMIT	<b></b>		
	[ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS					8001LY INJURY (PER PERSON)			
	[] HIRED AUTOS [] NON-OWNED AUTOS					BODILY INJURY			
	[ ] GARAGE LIABILITY					(PER ACCIDENT)	<b></b>		
	EXCESS LIABILITY	•••••••••	• • • • • • • • •			PROPERTY DAMAGE			
	[] UMBRELLA FORM [] OTHER THAN UMBRELLA FORM		· <b></b>			AGGREGATE			
A	AND	0000010400	0	12/12/94	12/12/95	X   STATUTORY LIMITS EACH ACCIDENT DISEASE-POL. LIMIT	100,000		
X	EMPLOYERS' LIAB	••••••		•		DISEASE-EACH EMP.	100,000		
С	OTHER Professional Liab	004846053		07/01/94	07/01/95	1,000,000			
DES	CRIPTION OF OPERATIONS/LOCATIONS	S/VEHICLES/SPECIAL	ITEMS	Cer	tified Pu	blic Account	ants		
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10	ate of RI, Secretar O No. Main St. Ovidence RI	y or st. =	ANY KIND	UPON THE COMPAI	NY, ITS AGENTS (	OR REPRESENTATIVES	JA		
02	903-1335 RD 25-8 (7/90)			D REPRESENTATIV		2 X2/XX			
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