



State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 12 A 10:31

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: 000891175	2. The name of the corporation is: NIAGARA POOL FILLING COMPANY, INC.												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 adopted the following amendment(s) to the Articles of Incorporation on: 3/11/21													
4. If the entity's name is changing, state the new name: NEPTUNE POOL FILLING, INC. Check the box to indicate no change ☐													
5. If the total authorized shares are changing complete the following section: <i>*List ALL authorized shares as of this amendment.</i> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width:33%;">Total Authorized Shares (Number of Shares)</th> <th style="text-align: left; width:33%;">Class of Stock</th> <th style="text-align: left; width:33%;">Par Value Per Share</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> Check the box to indicate no change ☒		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY ☐ Perpetual (on-going) ☐ Date certain for dissolution _____ Check the box to indicate no change ☒													
7. 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> Check the box to indicate an attachment ☐ Check the box to indicate no change ☒													

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 [Signature] HEH22
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8. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

10. 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 90 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 Name of Authorized Officer of the Corporation

Date

Michael P. Baird

3/11/21

Signature of Authorized Officer of the Corporation

