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State of Rhode Island
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:	2. The name of the corporation is:
001717554	Cranston Cares

3. If the entity's name is changing, state the new name:

Check the box to indicate no change ☑

4. 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 ☑

5. If the entity's purpose is changing complete the following section: **The new purpose should include **ALL** activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment ☐

Check the box to indicate no change ☑

6. If the number of directors is increasing or decreasing (**not less than 3 directors**), state the number of directors in this section:

List **ALL directors as of this amendment*

NAME	ADDRESS
Justin Erickson	20 Primrose Drive Cranston, RI 02921
Gina Erickson	20 Primrose Drive Cranston, RI 02921
Thomas Pirri	56 Overlook Rd Narragansett, RI 02882

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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FORM 201 - Revised 08/2020

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

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 May 28, 2021, 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

Cranston Cares

Type or Print Name of the President ☑ **OR** Vice President ☐	Date
Justin Erickson	6/2/2021

Signature of President **OR** Vice President

Type or Print Name of the Secretary ☑ **OR** Assistant Secretary ☐	Date
Thomas Pirri	6/2/2021

Signature of the Secretary **OR** Assistant Secretary

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.

State of Rhode Island
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, 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:

June 04, 2021 04:00 PM

Nellie M. Gorbea
Secretary of State