



State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
STAMP
2021 JUN -4 PM 4:00

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: 001717554	2. The name of the corporation is: 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

FILED

JUN 04 2021

KL TAFX
4:00

STAMP

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

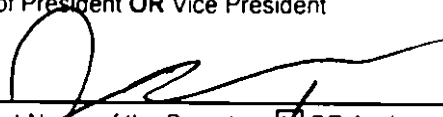
Type or Print Name of the President ☒ OR Vice President ☐

Justin Erickson

Date

6/2/2021

Signature of President OR Vice President



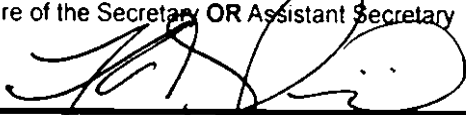
Type or Print Name of the Secretary ☒ OR Assistant Secretary ☐

Thomas Pirri

Date

6/2/2021

Signature of the Secretary OR Assistant Secretary



TWO SIGNATURES ARE REQUIRED



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

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

