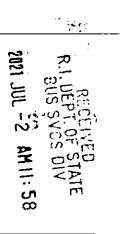


State of Rhode Island Department of State - Business Services Division

## **Articles of Amendment**

**DOMESTIC Non-Profit Corporation** 

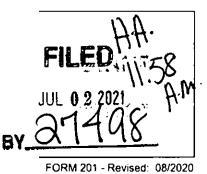
 $\rightarrow$  Filing Fee: \$10.00



Pursuant to the provisions of RIGL <u>7-6-40</u>, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

| 1. Entity ID Number:  | 2 The name   | e of the corporation is:                        |  |
|---|--------------|---|--|
| 1. Entry to Humber.   | 2. 110 Halli | e of the corporation is.                        |  |
| 001725442   | Excel Outrea | ch  |  |
|   |              |   |  |
| 3. If the entity's name is changing   | g,           |   |  |
| state the new name:   |              |   |  |
|   |              | Charle the here to indicate an observe [7]      |  |
| A If the period of its duration is a  |              | Check the box to indicate no change             |  |
|   | nanging com  | plete 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.            |              |   |  |
|   |              |   |  |
| Community outreach support program geared towards self sustenance and eradication of poverty to lead productive, dignified and satisfying lives in Africa and it's subregion. |              |   |  |
| <i></i>   |              |   |  |
| List of Services:Educational program, Youth mentorship  |              |   |  |
|   |              |   |  |
| The organization is organized exclusively for charitable and educational purposes under the meaning of Section 501c3 of the Internal  |              |   |  |
| Revenue Code, or the corresponding section of any future federal tax code.  |              |   |  |
|   | _            |   |  |
| Check the box to indicate an attac  |              | Check the box to indicate no change             |  |
| <ol><li>If the number of directors is inc<br/>state the number of directors in the</li></ol>  |              | ecreasing (not less than 3 directors),          |  |
| *List ALL directors as of this amende   |              |   |  |
| NAME  |              | DRESS   |  |
|   |              |   |  |
|   |              |   |  |
|   |              |   |  |
| ······································  |              | ·· ·· ·· ·· ·· ·· ·                             |  |
|   |              |   |  |
| Check the box to indicate an attac  | chment       | 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



| <ol> <li>If adding or amending additional provisions, complete the following section:</li> <li>Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section</li> <li>501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal</li> </ol> |                                 |  |  |  |
|---|---------------------------------|--|--|--|
| government, or to a state or local government, for a public purpose.  |                                 |  |  |  |
|   |                                 |  |  |  |
|   |                                 |  |  |  |
|   |                                 |  |  |  |
|   |                                 |  |  |  |
|   |                                 |  |  |  |
|   |                                 |  |  |  |
|   | k 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   | , 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         |  |  |  |
| The amendment was adopted at a meeting of the Board of Directors held on June 28, 2021, 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<br>accompanying attachments, and that all statements contained herein are true and correct.  |                                 |  |  |  |
| Type or Print the Name of the Non-Profit Corporation  |                                 |  |  |  |
| Excel Outreach  |                                 |  |  |  |
| Type or Print Name of the President 🗹 OR Vice President 🗆   |                                 |  |  |  |
| •   | Date                            |  |  |  |
| Denise Quaye  | June 28, 2021                   |  |  |  |
| Signature of President OR Vice President  |                                 |  |  |  |
| í d n   |                                 |  |  |  |
| Type or Print Name of the Secretary 2 OR Assistant Secretary  | Date                            |  |  |  |
| Abiga1 Appiah   | June 28. 2021                   |  |  |  |
| Signature of the Secretary OR Assistant Secretary   |                                 |  |  |  |
| Abigail Appian  |                                 |  |  |  |

## **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:

July 02, 2021 11:58 AM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

