

Department of State - Business Services Division

FOREIGN Non-Profit Corporation

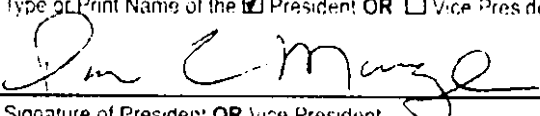
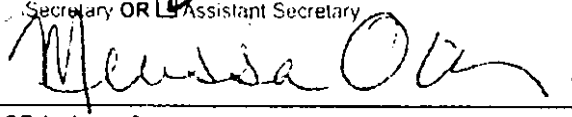
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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT 13 AM 9:02

1. Entity ID Number 000117229	2. The name of the corporation is: Teen Challenge New England, Inc
3. List the date the Certificate of Authority was issued by the RI Department of State	
4. If the entity's name has changed, state the new name: Adult & Teen Challenge New England and New Jersey, Inc. <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4a. The name, if different, which it elects to use in Rhode Island is: * If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.	
5. 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 <input type="checkbox"/>	Check the box to indicate no change <input checked="" type="checkbox"/>

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6. If the entity's principal place of business is changing, indicate the new principal address:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
7. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Corporate Name of the Non-Profit Corporation: Pasco Manzo	
Type or Print Name of the <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President 	Date: 10/08/2021
Signature of President OR Vice President	
Type or Print Name of the <input type="checkbox"/> Secretary OR <input checked="" type="checkbox"/> Assistant Secretary Melissa Oliveria 	Date: 10/08/2021
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.

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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:

October 13, 2021 09:02 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea
Secretary of State

