



BY Ø5AC3
H.A. 9:02 AM

6. If the entity's principal place of business is changing, indicate the new principal address:

Check the box to indicate no change ☒

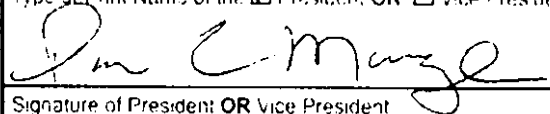
7. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

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.

Type or Print Corporate Name of the Non-Profit Corporation:

Pasco Manzo

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



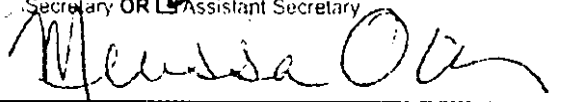
Date

10/08/2021

Signature of President OR Vice President

Type or Print Name of the ☐ Secretary OR ☒ 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.

10/28/2021 10:12 AM