RI SOS Filing Number: 202326119750 Date: 1/18/2023 1:07:00 PM



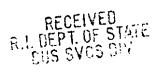
State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00



2023 JAN 18 P 1: 07

1. Entity ID Number 2. The name of the corporation is:
05/695133 HenvenLees Rescue
3. If the entity's name is changing, state the new name. Ready To Rescueheck 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
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
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

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BVR 09742.

7. If adding or amending additional provisions, complete the following section:	
	•
· · · · · · · · · · · · · · · · · · ·	eck 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	
The amendment was adopted by a consent in writing onentitled to vote with respect thereto.	, signed by all members
The amendment was adopted at a meeting of the Board of Directors held on received the vote of a majority of the directors in office, there being no member thereto.	
·	
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 populty of popular I declare and offers that I have accomined those Articles of Ar	mandment including any
Under penalty of perjury, I declare and affirm that I have examined these Articles of Ar accompanying attachments, and that all statements contained herein are true and cor	
Type or Print the Name of the Non-Profit Corporation	·
Rendy To Rescue	
Type or Print Name of the President ☐ OR Vice President ☐	Date /-18-23
Elizabeth L. Davis	1-10-25
Signature of President OR Vice President	_
E. Daniel	
Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐	Date
Joy Sperding	1-18-23
Signature of the Secretary OR Assistant Secretary	
1 (Kon X	
DAYO SIGNATINES ARE REQUIRED	
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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I, GREGG M. AMORE, 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:

January 18, 2023 01:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

