



State of Rhode Island  
Department of State - Business Services Division

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**Articles of Amendment**  
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

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

<p>1. Entity ID Number:</p> <p style="font-size: 1.5em;">27079</p>	<p>2. The name of the corporation is:</p> <p style="text-align: center;">Barrington Public Library Corporation</p>								
<p>3. If the entity's name is changing, state the new name:</p> <p style="text-align: center;">Barrington Public Library Foundation</p> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>									
<p>4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b></p> <p><input type="checkbox"/> Perpetual (on-going)</p> <p><input type="checkbox"/> Date certain for dissolution _____</p> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>									
<p>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></p>          <p>Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input checked="" type="checkbox"/></span></p>									
<p>6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section:</p> <p><i>*List ALL directors as of this amendment</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td>Vincent Wicker</td> <td>31 Broadview Drive, Barrington RI 02806</td> </tr> <tr> <td>Cindy Kaplan</td> <td>5 Karen Drive, Barrington RI 02806</td> </tr> <tr> <td>Frances Rasmussen</td> <td>4 Shady Lane, Barrington RI 02806</td> </tr> </tbody> </table> <p>Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span></p>		NAME	ADDRESS	Vincent Wicker	31 Broadview Drive, Barrington RI 02806	Cindy Kaplan	5 Karen Drive, Barrington RI 02806	Frances Rasmussen	4 Shady Lane, Barrington RI 02806
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Vincent Wicker	31 Broadview Drive, Barrington RI 02806								
Cindy Kaplan	5 Karen Drive, Barrington RI 02806								
Frances Rasmussen	4 Shady Lane, Barrington RI 02806								

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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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 February 16, 2023, 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

Barrington Public Library Foundation

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

Vincent Wicker

Date

2/28/2023

Signature of President OR Vice President

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

Frances Rasmussen

Date

2.22.23

Signature of the Secretary OR Assistant Secretary

Frances Rasmussen

**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](mailto:corporations@sos.ri.gov).

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

March 20, 2023 03:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore  
*Secretary of State*

