



State of Rhode Island  
**Department of State - Business Services Division**

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2023 JUN -9 AM 10:03

**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:

1. Entity ID Number: <b>000030473</b>	2. The name of the corporation is: <b>Trustees of the West Barrington Methodist Church</b>
3. If the entity's name is changing, state the new name: <b>Barrington United Methodist Church</b> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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>           <div style="display: flex; justify-content: space-between;"> <span>Check the box to indicate an attachment <input type="checkbox"/></span> <span>Check the box to indicate no change <input checked="" type="checkbox"/></span> </div>	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section. <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
<b>C. DIANE FELDMAN</b>	<b>6 SEAL ISLAND RD BRISTOL, RI 02809</b>
<b>Luther H. Blount III</b>	<b>44 Beth Ave, Warren, RI 02885</b>
<b>Marilyn Sykulski</b>	<b>11 Pine Cone Drive, Barrington, RI 02806</b>
<div style="display: flex; justify-content: space-between;"> <span>Check the box to indicate an attachment <input type="checkbox"/></span> <span>Check the box to indicate no change <input type="checkbox"/></span> </div>	

**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**  
**JUN 09 2023**  
 BY **09336**  
**A.A. 10:03 A.M.**

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 6/6/2023, 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 United Methodist Church

Type or Print Name of the President  OR Vice President

Luther Blount, III

Date

6/6/2023

Signature of President OR Vice President

*Luther Blount, III*

Type or Print Name of the Secretary  OR Assistant Secretary

C. Diane Feldman

Date

6/6/2023

Signature of the Secretary OR Assistant Secretary

*C. Diane Feldman*

**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.



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:

June 09, 2023 10:03 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

