

8. If there has been an increase in the authorized shares of the corporation complete the following section *List ALL authorized shares as of this amendment.			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the box to indicate an attachment <input type="checkbox"/>	Check box to indicate no change <input checked="" type="checkbox"/>
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8a. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year wherever located <i>(Note: Percentage obtained from worksheet)</i>	_____ %
8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>(Note: Percentage obtained from worksheet)</i>	_____ %

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

Check box to indicate no change ☒

10. As required by RIGL 7-12-105, the corporation has paid all fees and taxes.

11. 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

11. Date when the Amended Certificate of Authority will be effective **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)

☒ Later effective date (Date must be no more than 90 days from the date of filing) 06/30/2023

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

Name of Authorized Officer of the Corporation Wesley C. Hoaglund, President	Date <u>6/14/23</u>
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Signature of Authorized Officer



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 16, 2023 12:21 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

