



State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS/DIVP

2023 JUL 26 AM 11:18

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: <div style="font-size: 1.2em; font-family: cursive;">001757164</div>	2. The name of the corporation is: <div style="font-size: 1.2em; font-family: cursive;">Embrace RI</div>
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY <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="font-size: 1.1em; font-family: cursive;"> The organization is organized exclusively for charitable and educational purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding Section of any future federal tax code. Upon the dissolution, Embrace RI's remaining assets will be used exclusively for section 501(c)(3) exempt purposes, such as charitable, religious, educational, and/or scientific purposes. </div> <div style="display: flex; justify-content: space-between;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/> </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
<div style="display: flex; justify-content: space-between;"> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/> </div>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.govFILED
STATE

JUL 26 2023

BY

DVT/HY

FORM 201 - Revised 12/2021

11/18

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 7/24/23, 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

Embrace RI

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

Yolanda Jones

Date

7/26/23

Signature of President OR Vice President

Yolanda Jones

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

Desiree Soto

Date

7/26/23

Signature of the Secretary OR Assistant Secretary

Desiree Soto

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:

July 26, 2023 11:18 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

