

Department of State - Business Services Division

FOREIGN Non-Profit Corporation

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U.S. DEPT. OF STATE
BUS SVCS DIV
2023 SEP -7 P 1:16

| | |
|--|---|
| 1. Entity ID Number: 001758780 | 2. The name of the corporation is: Commonwealth Community Trust Endowment Fund |
| 3. List the date the Certificate of Authority was issued by the RI Department of State: 6/12/2023 | |
| 4. If the entity's name has changed, state the new name: Commonwealth Community Trust | |
| Check the box to indicate no change | |
| 4a. The name, if different, which it elects to use in Rhode Island is: | |
| * If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: | |
| 5. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. | |
| Check the box to indicate an attachment | |
| Check the box to indicate no change X | |

FILED

SEP 7 2023

BY WCHER
AR FORM 251 - Revis

R063, 11/18/2022: Writers Kluwer Online

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

Check the box to indicate no change ☒

7. 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.

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.

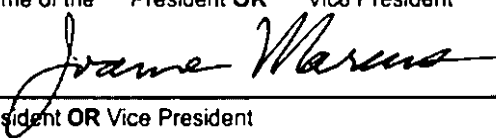
Type or Print Corporate Name of the Non-Profit Corporation

Commonwealth Community Trust Endowment Fund

Type or Print Name of the President OR Vice President

Date

Joanne Marcus



8/23/23

Signature of President OR Vice President

Type or Print Name of the Secretary OR Assistant Secretary

Date

Pierre Greene

8-30-23

Signature of the Secretary OR Assistant Secretary



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.

FORM 251 - Revised: 07/2021



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:

September 07, 2023 01:16 PM

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

Gregg M. Amore
Secretary of State

