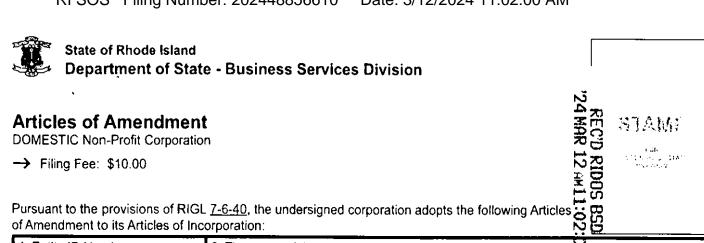
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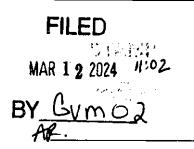
1. Entity ID Number: 2. The name of the corporation is: 000029562 Rhode Island Certified School Nurse-Teachers 3. If the entity's name is changing, Rhode Island Certified School Nurse Association state the new name: Check the box to indicate no change 4. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution \_ Check the box to indicate no change 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 6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: \*List ALL directors as of this amendment NAME **ADDRESS** 

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Check the box to indicate an attachment

Website: www.sos.ri.gov



Check the box to indicate no change

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 C	
S. The difference was adopted in the following marrier. Official Co	NE BOX OIL!
The amendment was adopted at a meeting of the members held on, 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 entitled to vote with respect thereto.	, signed by all members
The amendment was adopted at a meeting of the Board of Directors held on September 28,2023, 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)	
10. Under penalty of perjury, I declare and affirm that I have examinaccompanying attachments, and that all statements contained here	
Type or Print the Name of the Non-Profit Corporation	
Rhode Island Certifed Nurse Association	
Type or Print Name of the President <b>☑ OR</b> Vice President <b>☐</b>	Date
Michelle Iacoi, President	March 8, 202
Signature of President OR Vice President  Michille Jaco, President.	
Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐ Treasurer ☐ Date	
Rachel Cruz, Treasurer	3/8/24
Signature of the Secretary OR Assistant Secretary	
Raphel Croz	

TWO SIGNATURES ARE REQUIRED

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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 12, 2024 11:02 AM

Gregg M. Amore Secretary of State

Treg M. Coure

