

State of Rhode Island
Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

REC'D RIDOS BSD
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MAR 12 2024
11:02 AM
RIDOS BSD

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: 000029562	2. The name of the corporation is: Rhode Island Certified School Nurse-Teachers								
3. If the entity's name is changing, state the new name: Rhode Island Certified School Nurse Association <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: 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="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" 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> <table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/></div>		NAME	ADDRESS						
NAME	ADDRESS								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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MAR 12 2024 11:02
BY Gvm02
AR.

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 _____, 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 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 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

Rhode Island Certified Nurse Association

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

Michelle Iacoi, President

Date

March 8, 2024

Signature of President OR Vice President

Michelle Iacoi, President

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

Rachel Cruz, Treasurer

Date

3/8/24

Signature of the Secretary OR Assistant Secretary

Rachel Cruz

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:

March 12, 2024 11:02 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

