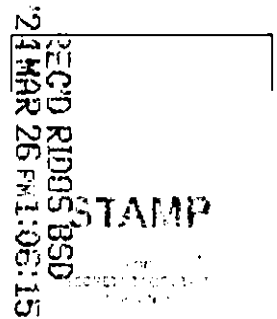




State of Rhode Island
Department of State - Business Services Division

**Articles of Amendment**

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

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: 28817	2. The name of the corporation is: QUIDNECK BAPTIST SOCIETY
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 checked="" 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 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="display: flex; justify-content: space-between;"><div>Check the box to indicate an attachment <input type="checkbox"/></div><div>Check the box to indicate no change <input checked="" type="checkbox"/></div></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
Rev. Michael Gavigan	231 Quaker Lane St. West Warwick, RI 02886
Jacqueline L. Fredette	311 Hardig Road Apt. A103 Warwick, RI 02886
Steve Johnson	8 1/2 Snagwood Road Foster, RI 02825
<div style="display: flex; justify-content: space-between;"><div>Check the box to indicate an attachment <input type="checkbox"/></div><div>Check the box to indicate no change <input type="checkbox"/></div></div>	

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 26 2024 STAMP
BY NB259

7. If adding or amending additional provisions, complete the following section:

Amendment I: Organizational Purpose:

QUIDNECK BAPTIST SOCIETY is organized exclusively for charitable, religious and educational purposes including, for such purposes, the making of distributions to organizations described under Section 501(c)(3) of the IRC or corresponding section of any future federal tax code.

Amendment II: Dissolution - Upon the dissolution of the Quidneck Baptist Society, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the IRC, or corresponding section of any future federal tax code, or shall be distributed to the federal, state or local government, for a public purpose.

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 February 4, 2024, 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

Quidneck Baptist Society

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

Rev. Michael Gavigan

Date

03/03/2024

Signature of President OR Vice President



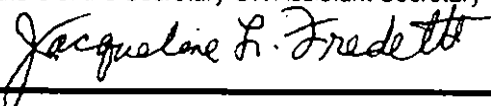
Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐

Jacqueline L. Fredette

Date

03/03/2024

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.



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 26, 2024 01:06 PM

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

Gregg M. Amore
Secretary of State

