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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 14 PM 2:47

State of Rhode Island
Department of State - Business Services Division**Application for an Amended Certificate of Authority**

FOREIGN Non-Profit Corporation

→ Filing Fee: \$25.00

Pursuant to the provisions of RIGL 7-6-82, the undersigned foreign non-profit corporation hereby applies for an Amended Certificate of Authority to conduct affairs in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 000164179	2. The name of the corporation is: NWEA
3. List the date the Certificate of Authority was issued by the RI Department of State: 05/21/2007	
4. If the entity's name has changed, state the new name: Lemnis Check the box to indicate no change <input type="checkbox"/>	
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. Expanding learning for all. Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/>	

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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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

NWEA

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

Melissa Johnston

Date

5/22/2024

Signature of President OR Vice President

DocuSigned by
Melissa Johnston
68F7340D598E457

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

Jennifer Potter

Date

5/22/2024

Signature of the Secretary OR Assistant Secretary

DocuSigned by
Jennifer Potter
7C27EE2ADAB94AE

TWO SIGNATURES ARE REQUIRED



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:

June 14, 2024 02:47 PM

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

Gregg M. Amore
Secretary of State

