

FILED  
AUG 26 2024  
STAMP  
BY ~~LOTWAW~~  
AA-2:15pm

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

Armenian Relief Society of Eastern USA, Inc.

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

Caroline Chamavonian

Date

4/2/2024

Signature of President OR Vice President



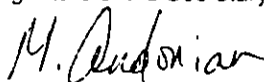
Type or Print Name of the ☒ Secretary OR ☐ Assistant Secretary

Mary Andonian

Date

4/2/2024

Signature of the Secretary OR Assistant Secretary



**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:

August 26, 2024 02:15 PM

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

Gregg M. Amore  
*Secretary of State*

