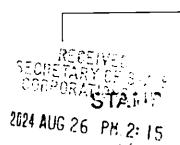
RI SOS Filing Number: 202459078630 Date: 8/26/2024 2:15:00 PM



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 <u>RIGI</u> applies for an Amended Certificate or that purpose submits the follow | e of Authority to conduc | ed foreign non-profit corporation hat affairs in the state of Rhode Isla | nereby and, and |
|---|--------------------------|--|---------------------------------------|
| 1, Entity ID Number: | 2. The name of the co | rporation is: | |
| 20484 | ARMENIAN RE | LIEF SOCIETY of EAS | TERN U.S.A., Inc. |
| 3. List the date the Certificate of the RI Department of State: | Authority was issued by | 01-28-1980 | |
| 4. If the entity's name has chang state the new name: | ed, ARS ANI and A | RAX Chapters of Rhode Isla | and |
| | | Check | the box to indicate no change |
| 4a. The name, if different, which | it elects to use in Rhod | e Island is: | |
| corporation will transact busines this application: | s in knode Island as st | ated in the "Fictitious Business Na | anie Statement to de med with |
| 5. If the entity's purpose is chan- transacted in the State of Rhode Isl | ging complete the follow | ving section: *The new purpose show | uld include ALL activity to be |
| | | | ck the box to indicate no change |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

| If the entity's principal place of business is changing indicate the new principal address: | • |
|---|---|
| | |
| | • |
| Check the | box to indicate no change |
| Except as herein modified, the original Application for Certificate of Authority continues in f hereby confirmed, ratified and incorporated by reference into this Application for Amended Continues. | iull force and effect and is ertificate of Authority. |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Amend including any accompanying attachments, and that all statements contained herein are true a | ded Certificate of Authority, 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 | Date |
| Caroline Chamavonian | 4/2/2024 |
| Signature of President OR Vice President | |
| unter Changoone | |
| Type or Print Name of the ☑ Secretary OR ☐ Assistant Secretary | Date |
| Mary Andonian | 4/2/2024 |
| Signature of the Secretary OR Assistant Secretary M. Quid DX i ar | |

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:

August 26, 2024 02:15 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

