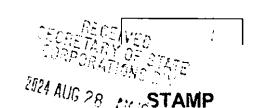
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State of Rhode Island Department of State - Business Services Division



Application for an A meded Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$ 25.0 0

Pursuant to the provisions of RIGL 7 682, 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:	

er and perpess sooning the follow		
Entity ID Number:	2. The name of the corporation is:	
001675568	Childhood Apraxia of Speech Association of North America	
3 List the date the Certificate of Authority was issued by the RI Department of State: 07/07/2017		
4. If the entity's name has changed, state the new name: Apraxia Kids		
	Check the box to indicate no change	
4a. The name, if different, which it elects to use in Rhode Island is:		
	ailable in Rhode Island, then set forth below the fictitious name under which the s in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with	
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.		
Check the box to indicate an attach	ment Check 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.n.gov **FILEDSTAMP**

FORM 2

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 hereby confirmed, ratified and incorporated by reference into this Application for		
Under penalty of perjury, I declare and affirm that I have examined this Applica including any accompanying attachments, and that all statements contained he	•	
Type or Print Corporate Name of the Non-Profit Corporation		
Apraxia Kids		
Type or Print Name of the ☑ President OR ☐ Vice President	Date	
Angela Grimm	8/1/2024	
Signature of President OR Vice President		
Angela Grimm		
Type or Print Name of the Secretary OR Assistant Secretary	Date	
Brennan Woods	8/2/2024	
Signature of the Secretary OR Assistant Secretary DocuStened by:		
Brunan Woods		

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 28, 2024 10:29 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

