



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

Application for an Amended Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$ 25.0 0

Pursuant to the provisions of RIGL 7-682, the undersigned foreign nonprofit 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:

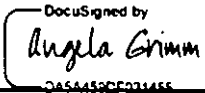
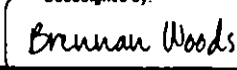
1. Entity ID Number: 001675568	2. The name of the corporation is: Childhood Apraxia of Speech Association of North America
3 List the date the Certificate of Authority was issued by the RI Department of State: 07/07/2017	
4. If the entity's name has changed, state the new name: Apraxia Kids	
Check the box to indicate no change <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: <i>The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>	
Check the box to indicate an attachment <input type="checkbox"/>	
Check the box to indicate no change <input checked="" 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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AUG 28 2024
BY X451A

Handwritten signature and initials: 2024, 1029

6. If the entity's principal place of business is changing indicate the new principal address:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
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.	
<i>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.</i>	
Type or Print Corporate Name of the Non-Profit Corporation Apraxia Kids	
Type or Print Name of the <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Angela Grimm	Date 8/1/2024
Signature of President OR Vice President <small>DocuSigned by:</small>  <small>2A5A453CF231455</small>	
Type or Print Name of the <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Brennan Woods	Date 8/2/2024
Signature of the Secretary OR Assistant Secretary <small>DocuSigned by:</small>  <small>1A2B175553C08E3</small>	

TWO SIGNATURES ARE REQUIRED

If you have any questions, please call us at (401) 222-3040, Monday through Fri day, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.fi.gov.