



State of Rhode Island  
 Department of State - Business Services Division

REC'D RIDOS BSD  
 24 SEP 13 AM 11:55:41

**Articles of Amendment**

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:  000067489	2. The name of the corporation is:  Women's Health and Education Fund
3. If the entity's name is changing, state the new name: <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span> <div style="text-align: center; font-size: 1.2em;">Rhode Island Abortion Fund</div>	
4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <span style="float: right;">Check the box to indicate no change <input checked="" type="checkbox"/></span>	
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>  The purpose of the Rhode Island Abortion Fund is to assure that medically safe, legal abortions and birth control methods are available to all Rhode Islanders. The organization will achieve this purpose by 1) providing information and educational programming on the issues of abortion and birth control, and 2) financially assisting pregnant people in need of abortion access or birth control but cannot afford to do so.  Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	
6. If the number of directors is increasing or decreasing ( <b>not less than 3 directors</b> ), state the number of directors in this section: <span style="float: right; font-size: 1.2em;">6</span>	
<i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
Edie Ajello	29 Benefit Street, Providence, RI 02906
Tiara Mack	179 Camp Street, Apt 3, Providence, RI 02906
Genie Bailey	82 Laurel Avenue, Providence, RI 02906
Check the box to indicate an attachment <input checked="" type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	

**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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SEP 13 2024

BY V. HARRIS

WSS      PS

7 If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

8. The amendment was adopted in the following manner: **CHECK ONE BOX ONLY**

- The amendment was adopted at a meeting of the members held on February 13, 2024, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast
- The amendment was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.
- The amendment was adopted at a meeting of the Board of Directors held on \_\_\_\_\_, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9 Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

10 Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print the Name of the Non-Profit Corporation

Rhode Island Abortion Fund

Type or Print Name of the President  OR Vice President

Danna Freedman-Shara

Date

9/9/24

Signature of President OR Vice President



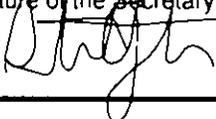
Type or Print Name of the Secretary  OR Assistant Secretary

Stephanie Gorton

Date

9/9/2024

Signature of the Secretary OR Assistant Secretary



**TWO SIGNATURES ARE REQUIRED**

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

Women's Health and Education Fund  
000067489

Directors, Continued:  
Danna Freedman-Shara  
44 Burnside Avenue  
Riverside, RI 02915

Jamie McIntyre  
6 Scarborough Road  
Pawtucket, RI 02861

Claire Cheung  
77 Rolfe Square #1  
Cranston, RI 02910

Kelley Russell  
43 Harrison Street  
Providence, RI 02909

Stephanie Gorton  
24 Sheldon St.  
Providence, RI 02906



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:

September 13, 2024 11:55 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

