



State of Rhode Island  
Department of State - Business Services Division

## Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

STATE

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

| 1. Entity ID Number:<br><br><b>000084057</b>   | 2. The name of the corporation is:<br><br><b>OAKLAWN CAR WASH, INC.</b> |   |                |                     |     |                |                   |  |  |  |  |  |  |
|--|---|---|----------------|---------------------|-----|----------------|-------------------|--|--|--|--|--|--|
| 3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by <u>RIGL 7-1.2</u> adopted the following amendment(s) to the Articles of Incorporation on: <b>Ronald N. Cataldi</b>  |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| 4. If the entity's name is changing, state the new name: <b>RNC Enterprises, Inc.</b>  |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| Check the box to indicate no change <input type="checkbox"/>   |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| 5. If the total authorized shares are changing complete the following section: <i>List ALL authorized shares as of this amendment.</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Total Authorized Shares<br/>(Number of Shares)</th> <th style="text-align: center;">Class of Stock</th> <th style="text-align: center;">Par Value Per Share</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">600</td> <td style="text-align: center;">only one class</td> <td style="text-align: center;">without par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |   | Total Authorized Shares<br>(Number of Shares) | Class of Stock | Par Value Per Share | 600 | only one class | without par value |  |  |  |  |  |  |
| Total Authorized Shares<br>(Number of Shares)  | Class of Stock  | Par Value Per Share                           |                |                     |     |                |                   |  |  |  |  |  |  |
| 600  | only one class  | without par value                             |                |                     |     |                |                   |  |  |  |  |  |  |
|  |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
|  |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of <u>RIGL 7-1.2</u> .<br>State any provisions here (optional):   |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| Check the box to indicate an attachment <input type="checkbox"/>   |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| Check the box to indicate no change <input type="checkbox"/>   |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| 6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>   |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Perpetual (on-going)   |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| <input type="checkbox"/> Date certain for dissolution _____  |   |   |                |                     |     |                |                   |  |  |  |  |  |  |
| Check the box to indicate no change <input 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](http://www.sos.ri.gov)

FILED 9:27am

OCT 23 2024  
CONFIRM  
BY 1215019

7. 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 attachment ☐

Check the box to indicate no change ☐

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

Check the box to indicate an attachment ☐

Check the box to indicate no change ☐

9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

10. 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 90 days from the date of filing) \_\_\_\_\_

11. *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 Name of Authorized Officer of the Corporation

Ronald N. Cataldi

Date

10/21/2024

Signature of Authorized Officer of the Corporation



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:

October 23, 2024 09:27 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

