



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RI SOS 350  
 MAR 5 PM 3:25:08

## 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: <div style="font-size: 1.5em; margin-top: 10px;">1765479</div>	2. The name of the corporation is: <div style="font-size: 1.2em; margin-top: 10px;">Union of Advocates for COLA Restoration and Pension Reform</div>
3. If the entity's name is changing, state the new name: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Advocates for COLA Restoration and Pension Reform</div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. 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 _____ <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
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>	
<div style="display: flex; justify-content: space-between;"> <span>Check the box to indicate an attachment <input type="checkbox"/></span> <span>Check the box to indicate no change <input checked="" type="checkbox"/></span> </div>	
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: <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
<div style="display: flex; justify-content: space-between;"> <span>Check the box to indicate an attachment <input type="checkbox"/></span> <span>Check the box to indicate no change <input checked="" type="checkbox"/></span> </div>	

### 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

MAR 05 2025

BY

*C113w*  
*325* *W*

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 \_\_\_\_\_, 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 February 23, 2025, 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) Mar 21, 2025

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

Union of Advocates for COLA Restoration and Pension Relief

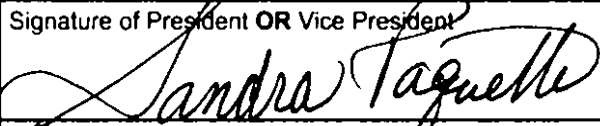
Type or Print Name of the President ☒ OR Vice President ☐

Sandra Paquette

Date

Feb 23, 2025

Signature of President OR Vice President



Type or Print Name of the Secretary ☒ OR Assistant Secretary ☐

Deborah Catamero

Date

Feb 23, 2025

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).



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:

March 05, 2025 03:25 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

