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FOR  
SECRETARY OF STATE  
USE ONLY

**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; font-family: cursive;">001763704</div>	2. The name of the corporation is: <div style="font-size: 1.5em; font-family: cursive;">North Providence Christian Center</div>
3. If the entity's name is changing, state the new name: <div style="font-size: 1.5em; font-family: cursive; text-align: center;">The Potter's House</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> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Perpetual (on-going)  <input type="checkbox"/> Date certain for dissolution _____         </div> <div style="width: 35%; text-align: right;">           Check the box to indicate no change <input checked="" type="checkbox"/> </div> </div>	
5. If the entity's purpose is changing complete the following section: *The new purpose should include <b>ALL</b> activity to be transacted in the State of Rhode Island.	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           Check the box to indicate an attachment <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;">           Check the box to indicate no change <input checked="" type="checkbox"/> </div> </div>	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: *List <b>ALL</b> directors as of this amendment	
NAME	ADDRESS
Eric Malascatzo	567 Smithfield Rd Apt. 48 N. Prov. RI 02904
Claire Malascatzo	567 Smithfield Rd. Apt. 48 N. Prov. RI 02904
Michael Vashell	19 Noble Ct. Newark DE 19713
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           Check the box to indicate an attachment <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;">           Check the box to indicate no change <input checked="" type="checkbox"/> </div> </div>	

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

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STAMP

MAR 07 2025

BY

FORM 201 - Revised 12/2023

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 3/6/2025, 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) \_\_\_\_\_

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

North Providence Christian Center

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

Eric Malascalza

Date

3/7/25

Signature of President OR Vice President



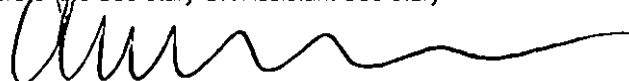
Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐

Claire Malascalza

Date

3/7/2025

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 07, 2025 01:37 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

