

State of Rhode Island
Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ **Filing Fee: \$10.00**

REC'D RIDG BSO
25 MAR 7 PM 1:37 PM
SMP
FOR
SECRETARY OF STATE
USE ONLY

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: CHECK ONE BOX ONLY <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 ALL activity to be transacted in the State of Rhode Island.	
<div style="display: flex; justify-content: space-between;"> <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div style="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 ALL 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 Voshell	19 Noble Ct. Newark DE 19713
<div style="display: flex; justify-content: space-between;"> <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div> </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

FILED
STAMP

MAR 07 2025

BY

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



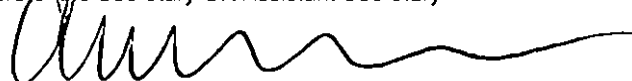
Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐

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.