



State of Rhode Island
Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ **Filing Fee: \$10.00**

STAMP

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;">001732657</div>	2. The name of the corporation is: <div style="font-size: 1.2em; font-family: cursive;">Rhody Elite Mafia</div>								
3. If the entity's name is changing, state the new name: <div style="font-size: 1.2em; font-family: cursive; margin-left: 100px;">Rhody Elite Athletics</div> <div style="text-align: right; font-size: 0.8em;">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; margin-top: 10px;"> <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; font-size: 0.8em;"> 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: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i> <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%; font-size: 0.8em;"> Check the box to indicate an attachment <input type="checkbox"/> </div> <div style="width: 35%; text-align: right; font-size: 0.8em;"> 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: <div style="font-size: 0.8em; margin-top: 5px;">*List ALL directors as of this amendment</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 35%; text-align: left; padding: 5px;">NAME</th> <th style="width: 65%; text-align: left; padding: 5px;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%; font-size: 0.8em;"> Check the box to indicate an attachment <input type="checkbox"/> </div> <div style="width: 35%; text-align: right; font-size: 0.8em;"> Check the box to indicate no change <input checked="" type="checkbox"/> </div> </div>		NAME	ADDRESS						
NAME	ADDRESS								

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

MAR 24 2025

BY AKLG5

AA 3:47pm
FORM 201 - Revised: 12/2

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 3/19/2025, 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

Rhody Elite Athletics

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

Julio A Adorno

Date

3/24/25

Signature of President OR Vice President

Julio A Adorno

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

Gloria Corrao

Date

3/24/25

Signature of the Secretary OR Assistant Secretary

Gloria Corrao

Julio A Adorno

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.



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 24, 2025 03:47 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

