| | Rhode Island ment of State - Business Services Division | | SECRETARY CORPORATI |
|---|---|---|------------------------|
| Articles of A | | | SANGE |
| DOMESTIC Business Corporation —> Filing Fee: \$50.00 (\$210 for an increase in authorized shares) | | | Sectionary Contents |
| | | | 30 m |
| | ovisions of <u>RIGL 7-1.2-905</u> , the undersigned corporation adopts nent to its Articles of Incorporation: | the following | |
| 1. Entity ID Numb | er: 2. The name of the corporation is: | | |
| 000077046 | Arthur Lambi, Jr., CPA, LTD | | |
| by the board of di adopted the follow | ers of the corporation (or, where no shares have been issued rectors of the corporation) in the manner prescribed by RIGL <u>7-</u> wing amendment(s) to the Articles of Incorporation on: | 1.2 March 15, 2025 | |
| 4. If the entity's na state the new nam | ame is changing, ne: Arthur Lambi & Associates, Inc | | |
| | | Check the box to in | dicate no change |
| Total Auth (Number | orized shares are changing complete the following section: *Lis norized Shares Class of Stock of Shares) may include a statement of all or any of the designations and the | Par Value Pe | er Share |
| RIGL <u>7-1.2</u> . | ghts, and the qualifications, limitations, or restrictions of them w | hich are permitted by heck the box to indica | |
| | C | heck the box to indica | ate no change 🛛 🛛 |
| | its duration is changing complete the following section: CHECK | ONE BOX ONLY | |
| Perpetual (or | n-going) for dissolution | Chank the how to :- | vicato po obcorso 🔽 |
| L | | FILE | A'20 M |
| MAIL TO: Division of Busines 148 W. River Street, Phone: (401) 222-30 Website: www.sos.ri | Providence, Rhode Island 02904-2615 40 | MAR 27 21 BY 27 | 4.90 pm 5548 |

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| 7. If the entity's purpose is changing complete the following section: *The new purport transacted in the State of Rhode Island. | se should include ALL activity to be |
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| TO PROVIDE ACCOUNTING, TAX, AND FINANCIAL ADVICE, AS WELL AS TO ENGAGE PROFESSIONAL SERVICES. | IN ANY OTHER LAWFUL |
| PROFESSIONAL SERVICES. | |
| | |
| | |
| | |
| 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: | |
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| Chack the bay to indicate an attachment | Check the hey to indicate as change |
| | Check the box to indicate no change |
| 9. As required by <u>RIGL 7-1.2-105</u> , the entity has paid all fees and taxes. | |
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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 27, 2025 04:30 PM

Treng M. Course

Gregg M. Amore Secretary of State

