RI SOS Filing Number: 202568708200 Date: 3/31/2025 2:16:00 PM

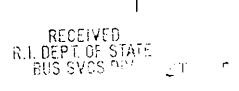


State of Rhode Island Department of State - Business Services Division

Application for an Amended Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$25,00



2025 HER 31 P 2: 16

Pursuant to the provisions of <u>RIG</u>	il 7-6-82 the undersigned	foreign non-profit corp	oration hereby	1
applies for an Amended Certificat or that purpose submits the follo	te of Authority to conduct a			
1. Entity ID Number:	2. The name of the corp	oration is:		
001689108	National LGBT C	ancer Network,	Inc.	
3. List the date the Certificate of the RI Department of State:	Authority was issued by	10-12-2018		
4. If the entity's name has chang state the new name:	ged, The Cancer Netw	ork, Inc.		
			Check the box to i	indicate no change 🔲
4a. The name, if different, which	it elects to use in Rhode I	sland is:		
If the corporate name is not av corporation will transact busines this application:				
5. If the entity's purpose is change transacted in the State of Rhode Islanda in the State of Rh		3 section: *The new purp	ose should include AL	.L activity to be
Check the box to indicate an attac	hment		Check the box to i	indicate no change 🗹
			_	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Phode Island 020

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

,بہ نہ آ ق

MAR 3 1 2025 BY 5000 F

FORM 251 - Revised: 12/2023

6. If the entity's principal place of business is changing indicate the new principal address:				
o. If the entity's principal place of business is changing indicate the new principal address.				
;				
Check the	box to indicate no change			
7. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.				
Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Corporate Name of the Non-Profit Corporation				
The Cancer Network, Inc.				
Type or Print Name of the ☑ President OR ☐ Vice President	Date			
Dr. NFN Scout	03.12.2025			
Signature of President OR Vice President	<u> </u>			
5				
Type or Print Name of the ☑ Secretary OR ☐ Assistant Secretary	Date			
Brenda Thompson	03.12.2025			
Signature of the Secretary OR Assistant Secretary				
Brenda Thompson				

TWO SIGNATURES ARE REQUIRED

RI SOS Filing Number: 202568708200 Date: 3/31/2025 2:16:00 PM



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 31, 2025 02:16 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

