



FOREIGN Non-Profit Corporation

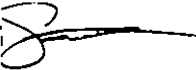
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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 MAR 31 P 2:16

1. Entity ID Number: 001689108	2. The name of the corporation is: National LGBT Cancer Network, Inc.
3. List the date the Certificate of Authority was issued by the RI Department of State: 10-12-2018	
4. If the entity's name has changed, state the new name: The Cancer Network, Inc.	
Check the box to indicate no change ☐	
4a. The name, if different, which it elects to use in Rhode Island is:	
* If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:	
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.	
Check the box to indicate an attachment ☐	Check the box to indicate no change ☒

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 372000
MAR 31 2025
BY SMYLD
AA. 2:16pm
FORM 251 - Revised: 12/2023

6. 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.	
<i>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.</i>	
Type or Print Corporate Name of the Non-Profit Corporation The Cancer Network, Inc.	
Type or Print Name of the ☒ President OR ☐ Vice President Dr. NFN Scout	Date 03.12.2025
Signature of President OR Vice President 	
Type or Print Name of the ☒ Secretary OR ☐ Assistant Secretary Brenda Thompson	Date 03.12.2025
Signature of the Secretary OR Assistant Secretary <i>Brenda Thompson</i>	

TWO SIGNATURES ARE REQUIRED