State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAR 31 P 2:16

Application for an Amended Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: $25.00

Pursuant to the provisions of RIGL 7-6-82, the undersigned foreign non-profit corporation hereby applies for an Amended Certificate of Authority to conduct affairs in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the corporation is:
001689108	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 ☑

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 31 2025
BY SMKFD
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.

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

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

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.