State of Rhode Island
Department of State - Business Services Division

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2025 APR 14 P 4: 12

Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: $10.00

2025 APR 1

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:
001785984	Community Progress Association

3. The document to be corrected is:	4. The date the document being corrected was originally filed:
Articles of Incorporation	2/19/2025

5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:

One of the listed Directors is incorrect. Karen Pringle should "not" be listed as a Director.

Check the box to indicate an attachment ☐

6. The new corrected portion of the document states as follows:

Sarah C. Kowal, 224 Washington Rd. Barrington, RI 02806

Check the box to indicate an attachment ☐

7. The corrected document ***MUST*** be attached to this certificate.

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
APR 28 2025 4:03
BY JS16912

FORM 205 - Revised 12/2023

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

☑ The correction was adopted at a meeting of the members held on March 23, 2025, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitles to cast.

☐ The correction was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.

☐ The correction was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation	Date
Jacob Brier	3/23/2025

Signature of Authorized Officer of the Corporation

* signature added on 4/24/2025

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 - Business Services Division

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2025 MAR 27 A 11:39

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee. $35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

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2025 MAR 28 P 1:05

1 The name of the corporation is:

Community Progress Association

2 The period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

3. The specific purpose or purposes for which the corporation is organized are:

To build a coalition who will support one another in fostering a community in which the dignity of all people is upheld.

Check the box to indicate an attachment ☐

4 Provisions, if any, not inconsistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:

Upon dissolution of the nonprofit corporation, all assets will be donated to a qualifying charitable organization, per section 501c3 of the IRS code.

Check the box to indicate an attachment ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name: Jacob Brier

Street Address (NOT a P.O. Box): 21 Western Ave

City	State	Zip Code
Barrington	RHODE ISLAND	02806

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

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FORM 200- Revised 12/2023

6. The number of the initial Board of Directors of the Corporation is 3 **(not less than 3 directors)** and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
Jacob Brier	21 Western Avenue, Barrington, RI 02806
Elizabeth Kirkpatrick	30 Boyce Ave, Barrington, RI 02806
Sarah Kowal	224 Washington Rd, Barrington, RI 02806

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Jacob Brier	21 Western Ave, Barrington, RI 02806

Check the box to indicate an attachment ☐

8. Date when these Articles of Incorporation 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) _____

9 *Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Incorporator	Date
Jacob Brier	3/23/2025
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	

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:

April 28, 2025 04:03 PM

Gregg M. Amore
Secretary of State