



State of Rhode Island  
Department of State - Business Services Division

**Certificate of Correction**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

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2025 APR 14

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2025 APR 14 P 4:12

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

1. Entity ID Number:  001785984	2. The name of the corporation is  Community Progress Association
3. The document to be corrected is:  Articles of Incorporation	4. The date the document being corrected was originally filed:  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.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows: Sarah C. Kowal, 224 Washington Rd. Barrington, RI 02806  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document <b>MUST</b> be attached to this certificate.	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

APR 28 2025 4:03

BY VSUQR  
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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 entitled 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

Jacob Brier

Date

3/23/2025

Signature of Authorized Officer of the Corporation



\* signature added on 4/24/2025



State of Rhode Island  
Department of State - Business Services Division

**Articles of Incorporation**

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

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2025 APR 18

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BUS SVCS DIV

2025 MAR 27 A 11:39

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

1 The name of the corporation is: <b>Community Progress Association</b>		
2 The period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> 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.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
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.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>Jacob Brier</b>		
Street Address (NOT a P.O. Box) <b>21 Western Ave</b>		
City <b>Barrington</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02806</b>

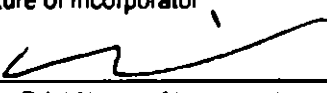
**MAIL TO:**

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

**FILED**

APR 28 2025

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6. The number of the initial Board of Directors of the Corporation is <u>3</u> (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 <input type="checkbox"/>	
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 <input type="checkbox"/>	
8. Date when these Articles of Incorporation will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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 Jacob Brier	Date 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	