



REC'D  
FAY

**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:  001754664	2. The name of the corporation is:  Bill & Melinda Medical Research Institute
3. List the date the Certificate of Authority was issued by the RI Department of State:  03/17/2023	
4. If the entity's name has changed, state the new name:  Gates Medical Research Institute	
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: <i>The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>	
Check the box to indicate an attachment	
Check the box to indicate no change <input checked="" type="checkbox"/>	

**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)

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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

Gates Medical Research Institute

Type or Print Name of the ☒ President OR Vice President

Patrice Matchaba

Date

4/18/2025

Signature of President OR Vice President



Type or Print Name of the ☒ Secretary OR Assistant Secretary

Sally Jennings

Date

01/27/2025

Signature of the Secretary OR Assistant Secretary



**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](mailto:corporations@sos.ri.gov).

FORM 251 - Revised: 8/2023