



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RI SOS 330  
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## Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:  <b>161052</b>	2. The name of the corporation is:  <b>New England Sanitary Supply Association (NESSA)</b>
3. If the entity's name is changing, state the new name:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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>  <p>NESSA is a nonprofit trade association organized to support, promote, and advance the sanitary supply industry throughout the New England states through networking, education, and advocacy.</p> <div style="display: flex; justify-content: space-between;"> <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div>Check the box to indicate no change <input type="checkbox"/></div> </div>	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section: <i>*List ALL directors as of this amendment</i>	
NAME	ADDRESS
Cole Callahan, Past President	44 Allen Avenue Wakefield, RI 02879
Jesse Wolkiewicz, President	5 Carrollton Street Salem, MA 01970
Joe Calarese, Vice President	P.O. Box 301 Meridith, NH 03253
<div style="display: flex; justify-content: space-between;"> <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div>Check the box to indicate no change <input type="checkbox"/></div> </div>	

### 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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MAY 19 2025

BY FEEMJ

7. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment ☒

Check the box to indicate no change ☐

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

- ☒ The amendment was adopted at a meeting of the members held on May 15, 2025, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The amendment was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.
- ☐ The amendment 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.

9. Date when these Articles of Amendment 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) \_\_\_\_\_

10. Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print the Name of the Non-Profit Corporation

New England Sanitary Supply Association (NESSA)

Type or Print Name of the President ☒ OR Vice President ☐

Jesse Wolkiewicz, President

Date

05/15/2025

Signature of President OR Vice President

*Jesse Wolkiewicz*

Type or Print Name of the Secretary ☐ OR Assistant Secretary ☒

Nicole Bernardo, Executive Director

Date

05/15/2025

Signature of the Secretary OR Assistant Secretary

*Nicole Bernardo*

**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).



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:

May 19, 2025 02:09 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

