RI SOS Filing Number: 202576651190 Date: 7/7/2025 3:03:00 PM



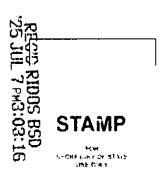
State of Rhode Island

Department of State - Business Services Division

Application for an Amended Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$25.00

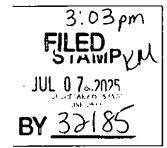


Pursuant to the provisions of <u>RIGL 7-6-82</u>, the undersigned foreign non-profit corporation hereby applies for an Amended Certificate of Authority to conduct affairs in the state of Rhode Island, and for that purpose submits the following statement: 1. Entity ID Number: 2. The name of the corporation is: 000047044 CHURCH EXTENSION PLAN 3. List the date the Certificate of Authority was issued by the RI Department of State: 03/24/1988 4. If the entity's name has changed, state the new name: **GENFI MINISTRIES** 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 no change ✓ Check the box to indicate an attachment

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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	
CHURCH EXTENSION PLAN	
Type or Print Name of the☑President OR ☐ Vice President	Date
Mark A. Whitney	7/1/2025
Signature of President OR Vice President	
/s/Mark A. Whitney	
Type or Print Name of the ✓ Secretary OR ☐ Assistant Secretary	Date
Abner Adorno	7/1/2025
Signature of the Secretary OR Assistant Secretary	
/s/Abner Adorno	

TWO SIGNATURES ARE REQUIRED

RI SOS Filing Number: 202576651190 Date: 7/7/2025 3:03:00 PM



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:

July 07, 2025 03:03 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

