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→ Filing Fee: \$10.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Entity ID Number:<br><br>001007732                                                                                                                                                                                                                                                                                                                                                                                                |  | 2. The name of the corporation is:<br><br>RISE Prep Mayoral Academy                                                           |  |
| 3. If the entity's name is changing,<br>state the new name:                                                                                                                                                                                                                                                                                                                                                                          |  | RISE Prep Academies<br><br><div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div> |  |
| 4. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                               |  |
| <input 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><br><br><br><br><br><br><br><br><br><br><div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/><div style="margin-left: 20px;">Check the box to indicate no change <input checked="" type="checkbox"/></div></div> |  |                                                                                                                               |  |
| 6. If the number of directors is increasing or decreasing ( <b>not less than 3 directors</b> ), state the number of directors in this section:<br><br><i>*List ALL directors as of this amendment</i>                                                                                                                                                                                                                                |  |                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | ADDRESS                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                               |  |
| <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/><div style="margin-left: 20px;">Check the box to indicate no change <input checked="" type="checkbox"/></div></div>                                                                                                                                                                                                                  |  |                                                                                                                               |  |

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BY DK NOG

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 \_\_\_\_\_, 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 7-15-25, 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

RISE Prep Mayoral Academy

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

Date

CHRISTOPHER BEAUCHAMP

7/15/25

Signature of President OR Vice President



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

Date

GEORGETA GASSEY

07/15/2025

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).



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:

July 16, 2025 12:44 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

