RI SOS Filing Number: 202577268810 Date: 7/28/2025 11:56:00 AM

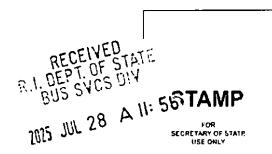


State of Rhode Island Department of State - Business Services Division

Application for an Amended Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$25.00

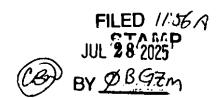


Pursuant to the provisions of R applies for an Amended Certific for that purpose submits the fol	cate of Authority to conduct a		· I
1. Entity ID Number:	2. The name of the corp	oration is:	
1766657	Lowell Community Loan Fund		
3. List the date the Certificate the RI Department of State:	of Authority was issued by	12/19/2023	
4. If the entity's name has cha state the new name:	nged, Nectar Communi	ty Investments	
			Check the box to indicate no change
4a. The name, if different, which	ch it elects to use in Rhode	Island is:	
•			fictitious name under which the iness Name Statement" to be filed with
5. If the entity's purpose is cha transacted in the State of Rhode		g section:*The new purp	ose should include ALL activity to be
Check the box to indicate an att	achment		Check the box to indicate no change

MAIL TO:

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

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



	Check the box to indicate no change
Except as herein modified, the original Application for Certificate of Authority hereby confirmed, ratified and Incorporated by reference into this Application for	v continues in full force and effect and is
Under penalty of perjury, I declare and affirm that I have examined this Application including any accompanying attachments, and that all statements contained h	ntion for Amended Certificate of Authority, erein are true and correct.
Type or Print Corporate Name of the Non-Profit Corporation	
Nectar Community Investments Inc.	
Type or Print Name of the ☑ President OR ☐ Vice President	Date
Malia Lazu	2/25/2025
Signature of President OR Vice President	
Malia Lazu	
Type or Print Name of the ☑ Secretary OR ☐ Assistant Secretary	Date
Abei Vargas	2/25/2025
Signature of the Secretary OR Assistant Secretary	

TWO SIGNATURES ARE REQUIRED

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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 28, 2025 11:56 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

