RI SOS Filing Number: 202041027570 Date: 5/26/2020 10:21:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee. \$50.00 (\$210 for an increase in authorized shares)

9995

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Entity ID Number	2. The name of the corporation is: MERCIER & KOSINSKI INSURANCE, INC.		
000009995			
by the board of directors of th	rporation (or, where no shares e corporation) in the manner pr ment(s) to the Articles of Incorp	rescribed by RIGL	7-1.2
4. If the entity's name is chan state the new name:	ging, RICHARD'S INSURANCE	E AGENCY, INC.	· · · · · · · · · · · · · · · · · · ·
			Check the box to indicate no change
5. If the total authorized share Total Authorized Sha (Number of Shares)	es are changing complete the forces Class of	ollowing section: *L Stock	List ALL authorized shares as of this amendment Par Value Per Share
	<u> </u>		
			Check the box to indicate no change 🗸
6. If the period of its duration	s changing complete the follow	ing section: CHEC	CK ONE BOX ONLY
Perpetual (on-going)			
Date certain for dissolution	on		Check the box to indicate no change
7. If the entity's purpose is characted in the State of Rhode	anging complete the following s island.	ection: *The new p	urpose should include ALL activity to be
Check the box to indicate an a	nttachment		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 FILED

MAY 2 6 2020

BY WONFICM # 674143

__ J FORM 101 - Revised 09/2018

8. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment Check the	e box to indicate no change 🗸
9. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	
10. 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 90 days from the date of filing)	<u> </u>
Under penalty of perjury, I declare and affirm that I have examined these Articles of Amenda accompanying attachments, and that all statements contained herein are true and correct.	nent, including any
Type or Print Name of Authorized Officer of the Corporation	Date
JOSEPH R. KOSINSKI, PRESIDENT	
Signature of Authorized Officer of the Corporation	<u> </u>
SIGN DOCUMENT HERE	

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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 26, 2020 10:21 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

