

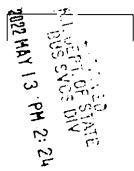
State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00



Pursuant to the provisions of RIGL of Amendment to its Articles of Inc	- <u>7-6-40</u> , the undersigned corporation adopts the following Articles orporation:
Entity ID Number:	2. The name of the corporation is:
001704525	North Kingstown Education Foundation
If the entity's name is changin state the new name:	9. North Kingstown Educational Foundation
	Check the box to indicate no change
4. If the period of its duration is c	hanging complete the following section: CHECK ONE BOX ONLY
Perpetual (on-going)	
Date certain for dissolution _	Check the box to indicate no change
Check the box to indicate an atta	
If the number of directors is inc state the number of directors in the	creasing or decreasing (not less than 3 directors),
*List ALL directors as of this amendr	
NAME	ADDRESS
	
Check the box to indicate an atta	chment 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 1 3 2022

BY 43219

H. O. FORM V01 - Revised. 08:2020

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	
5/10/2022	_, signed by all members _, and
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 filling)	
Under penalty of perjury, I declare and affirm that I have examined these Articles of Amend accompanying attachments, and that all statements contained herein are true and correct.	dment, including any
Type or Print the Name of the Non-Profit Corporation	·
North Kingstown Educational Foundation	
Type or Print Name of the President GOR Vice President	Date
Robyn W Albuquerque	5/10/2022
Signature of President OR Vice President	
(Kolyn W. albuquerque, NKEF F	President
Type or Princhame of the Secretary OR Assistant Secretary O	Date
Carol Vecchione	5/10/2022
Signature of the Secretary OR Assistant Secretary	
Verse Ve chione	

TWO SIGNATURES ARE REQUIRED

RI SOS Filing Number: 202217431170 Date: 5/13/2022 2:24:00 PM



I, NELLIE M. GORBEA, 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 13, 2022 02:24 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

