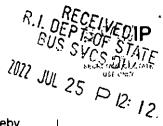
RI SOS Filing Number: 202221621600 Date: 7/25/2022 12:12:00 PM



## **Application for an Amended Certificate of Authority**

**FOREIGN Non-Profit Corporation** 

→Filing Fee: \$25.00



Pursuant to the provisions of RIGL <u>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:

or that purpose submits the follow	ving statement:		
1. Entity ID Number:	2. The name of the cor	rporation is:	
000105439	Cooperative Fu	nd of New Engla	and, Inc.
3. List the date the Certificate of the RI Department of State:	Authority was issued by	03-16-1999	
the fit bepartment of state.			
4. If the entity's name has change state the new name:	ed, COOPERATI\	VE FUND OF TH	HE NORTHEAST, INC.
			Check the box to indicate no change
4a. The name, if different, which	it elects to use in Rhode	e Island is:	
			e fictitious name under which the usiness Name Statement" to be filed with
5. If the entity's purpose is chang transacted in the State of Rhode Isla		ing section:*The new pu	urpose should include <b>ALL</b> activity to be
Check the box to indicate an attac	hment		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 12:12 FILED STAMP JUL 25 2022

FORM 251 - Revised: 07/2021

۵. . . .

	Check the box to indicate no change
<ol><li>Except as herein modified, the original Application for Certificate of Authoreby confirmed, ratified and incorporated by reference into this Application</li></ol>	onty continues in full force and effect and is on for Amended Certificate of Authority.
Under penalty of perjury, I declare and affirm that I have examined this App including any accompanying attachments, and that all statements contains	
Type or Print Corporate Name of the Non-Profit Corporation	
COOPERATIVE FUND OF THE NORTHEAST, INC.	
Type or Print Name of the ☑ President OR ☐ Vice President	Date
Bonnie Hudspeth	5/20/2022
Signature of President OR Vice President	
Bruie Jung	
Type or Print Name of the ☑ Secretary OR ☐ Assistant Secretary	Date
Matthew Feinstein	6/1/22

TWO SIGNATURES ARE REQURIED

RI SOS Filing Number: 202221621600 Date: 7/25/2022 12:12:00 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:

July 25, 2022 12:12 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

