



## Instructions for Filing

### Articles of Amendment for a Domestic Non-Profit Corporation

[Section 7-6-40](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

*All filings are public records under RIGL 38-2-1, et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.*

**This legal document should be typed. All illegible documents will be REJECTED.**

#### How to complete the form:

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#).
3. If the entity's name is changing, state the new name. You may check [name availability](#) on our website. If there is no change to the entity name, check the box to indicate no change.
4. If the period of its duration is changing, state so. If there is no change to the duration, check the box to indicate no change.
5. If the entity's purpose is changing, state so. If there is no change to the purpose, check the box to indicate no change.
6. If the number of directors are increasing or decreasing, so state. List the names and addresses of the persons who are to serve. If there is no change to the directors, check the box to indicate no change.
7. If adding or amending additional provisions, state so. If there is no change to the provisions, check the box to indicate no change.
8. Check **ONE** box and list the date the amendment was adopted.
9. Check "Date received" unless you prefer that the Amendment goes into effect at a later date than the form is received in the office. Any later date must be within 30 days of filing.
10. The President **OR** Vice President **AND** the Secretary **OR** Assistant Secretary **MUST** sign and date the form.

#### How to pay the filing fee:

The filing fee is \$10, payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

#### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#)
- Enter the name or ID number of your entity and click "Search"
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing"
- Identify desired type of filing and click on "PDF" under "View PDF" to view and print the record

#### How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of incorporation, between June 1 and June 30. A courtesy reminder will be mailed to the registered agent prior to June 1 of each year. Be sure to follow up with your registered agent concerning filing this report. Failure to file an annual report or maintain a registered agent/office may result in the revocation of the Articles of Incorporation pursuant to RIGL [7-6-56](#).

Your entity may require additional licensing. Please visit our [website](#) for further information.



Articles of Amendment
DOMESTIC Non-Profit Corporation

Filing Fee: \$10.00

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:



Form with sections for: 1. Entity ID Number, 2. The name of the corporation is, 3. If the entity's name is changing, state the new name, 4. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY, 5. If the entity's purpose is changing complete the following section, 6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

STAMP

FOR SECRETARY OF STATE USE ONLY

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 \_\_\_\_\_, 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) \_\_\_\_\_

*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

Type or Print Name of the President **OR** Vice President

Date

Signature of President **OR** Vice President

Type or Print Name of the Secretary **OR** Assistant Secretary

Date

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).



## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. All fields are REQUIRED.

|                 |        |               |
|-----------------|--------|---------------|
| Name:           |        | Date:         |
| Entity Name:    |        |               |
| Street Address: |        |               |
| City:           | State: | Zip Code:     |
| Email Address:  |        | Phone Number: |