



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Amendment to Application for Registration**

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is Beacon Health Strategies, LLC

If the company's name is changing, state the new name: Beacon Health Strategies, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

**ARTICLE II**

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: ☒ Perpetual ☐

If the address of the principle office of the limited liability company is changing, so state:

No. and Street: 500 UNICORN PARK, SUITE 401

City or Town: WOBURN

State: MA

Zip: 01801

Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 200 STATE STREET, SUITE 302

City or Town: BOSTON

State: MA

Zip: 02109

Country: USA

If the management of the limited liability company is changing, modify the following section:

☒ Members or ☐ Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 14 Day of October, 2011 at 12:01:29 PM by the Authorized Person.**

TIMOTHY MURPHY

Beacon Health Strategies, LLC

Form No. 451  
Revised 09/07

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

*Secretary of State*

