		sland and Providence Plantations No Fee of the Secretary of State			
	Div	ision Of Business Services			
		148 W. River Street			
	Pr	ovidence RI 02904-2615			
HOPE		(401) 222-3040			
Domestic Non-P	Domestic Non-Profit				
Annual Report - Amended					
(Section 7-1.2-1501(e	e) of the General Laws of	Rhode Island, 1956, as amended)			
This form is only to be used to amend the current annual report on file with this office.					
ANNUAL REPORT YEAR: 2016					
1. Corporate ID No. 000041462					
2. Name of Corporation Blackstone Health, Inc.					
3. State of Incorporation					
State: <u>RI</u>					
4. Corporate Address in Rhode Island					
No. and Street:	111 BREWSTER STR	EET			
City or Town:	PAWTUCKET	State: <u>RI</u> Zip: <u>02860</u> Country: <u>USA</u>			
5. Foreign Corporation. Enter Principal Office Address					
No. and Street:					
City or Town: State: Zip: Country:					
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island					
TO PROVIDE COMMUNITY BASED HEALTH SERVICES THAT ARE RESPONSIVE TO THE					
NEEDS AND DEMOGRAPHIC MAKEUP OF THE BLACKSTONE VALLEY COMMUNITY					
AND OTHER COMMUNITIES.					
7 Names and Add	resses of the Officers ar	nd Directors:			
7. Names and Add	esses of the Officers a				
All officers and directors must be listed. If officers and/or directors have been elected, the title					
Incorporator is no longer applicable; please delete					
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23					
Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country			
TREASURER	KATHLEEN TOPOR	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA			
SECRETARY	JAMES BRIDEN, ESQ.	P.O. BOX 1325, 150 MAIN STREET			
		PAWTUCKET, RI 02862 USA			

CHAIR	KARL SHERRY	HAYES & SHERRY, 146 WESTMINSTER ST., 2ND FLR. PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	KATHLEEN PEIRCE	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	JAMES BRIDEN, ESQ.	P.O. BOX 1325, 150 MAIN STREET PAWTUCKET, RI 02862 USA
DIRECTOR	F. PAUL MOONEY, JR.	39 DROWNE PARKWAY RUMFORD, RI 02916 USA
DIRECTOR	KARL SHERRY	HAYES & SHERRY, 146 WESTMINSTER ST., 2ND FLR. PROVIDENCE, RI 02903 USA
DIRECTOR	KATHLEEN TOPOR	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	DENNIS KEEFE	CARE NEW ENGLAND HEALTH SYSTEM, 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL DACEY, M.D.	MEMORIAL HOSPITAL OF RHODE ISLAND, 111 BREWSTER STREET PAWTUCKET, RI 02860 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KATHLEEN PEIRCE 51 HEALTH LANE WARWICK , RI 02886

Signed this 1 Day of June, 2016 at 4:49:10 PM by the authorized person. *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 § 7-6.*

By KATHLEEN TOPOR, TREASURER

Signature of Authorized Person

Form No. 631 Revised 09/07

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