



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

Fee: \$10.00

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

**Non-Profit Corporation  
Articles of Amendment**

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

**ARTICLE I**

The name of the corporation is Home Care and Hospice Foundation of Rhode Island

If the entity's name is changing, state the new name: Rhode Island Partnership for Home Care Foundation

**ARTICLE II**

If the corporate duration is changing, so state:  Perpetual

If the corporate purpose is changing, so state:

Provide education for healthcare providers and the general public on the value of healthcare and home.  
Provide resources to home care and hospice patients and clients in order for them to continue to live safely and independently in their homes.

If there is a change in the number of directors, modify this section:

The number of directors constituting the Board of Directors of the Corporation is

and the names and addresses of the persons who are to serve as the directors are:

| <b>Title</b>       | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------------|---|---|
| PRESIDENT          | LAURIE ELLISON  | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| TREASURER          | MARY LOU RHODES                                       | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| SECRETARY          | JENNIFER MELLO  | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| DIRECTOR           | GREGORY STEINER                                       | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| EXECUTIVE DIRECTOR | NICHOLAS OLIVER                                       | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| VICE PRESIDENT     | DANA CRUZ   | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| DIRECTOR           | KATHLEEN DEVLIN                                       | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| DIRECTOR           | CHERYL LEVESQUE                                       | 260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA   |
| DIRECTOR           | MARY BENWAY   | 260 WEST EXCHANGE STREET, SUITE 005                               |

|          |              |   |
|----------|--------------|---|
| DIRECTOR | VINCENT WARD | PROVIDENCE, RI 02903 USA<br>260 WEST EXCHANGE STREET, SUITE 005<br>PROVIDENCE, RI 02903 USA |
|----------|--------------|---|

If there are any other provisions to be amended, so state:

**ARTICLE III**

The Amendment was adopted in the following manner:

**(check one box only)**

The amendment was adopted at a meeting of members held on 2/11/2016, 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.

**ARTICLE IV**

Date when amendment is to become effective  
(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

**Signed this 8 Day of July, 2016 at 11:59:20 AM.** *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 corporation, 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.*

Home Care and Hospice Foundation of Rhode Island  
Corporate Name

By LAURIE ELLISON

President or  Vice President (check one)

**AND**

By JENNIFER MELLO

Secretary or  Assistant Secretary (check one)

Form No. 201  
Revised 09/07



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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 handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

