



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 R.I. DEPARTMENT OF STATE
 2016 DEC 12 PM 2:28

**Articles of Organization
 Limited Liability Company
 Filing Fee: \$150.00**

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:		
Prospect Blackstone Valley Surgicare, LLC		
2. The name and address of the limited liability company's resident agent in Rhode Island is:		
Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (check ONE box):		
<input type="checkbox"/> a partnership or <input type="checkbox"/> a corporation or <input checked="" type="checkbox"/> disregarded as an entity separate from its member		
4. The address of the principal office of the limited liability company if it is determined at the time of organization:		
Street Address 825 Chalkstone Avenue		
City/Town Providence	State Rhode Island	Zip Code 02908
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

FILED

DEC 12 2016

BY KL 290602
 J.E.F.

Form No. 400
 Revised 10/15

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment

7. The Limited Liability Company is to be managed by:

You MUST check one box:


- Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)
- One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	BUSINESS ADDRESS
Prospect CharterCARE, LLC	825 Chalkstone Avenue, Providence, RI 02908

8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX

- Date received (Upon filing)
- Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person Robert Elders		Address 3415 South Sepulveda Boulevard, 9th Floor	
City/Town Los Angeles	State CA	Zip Code 90034	
Signature of Authorized Person 			Date December 12, 2016

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.