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 CHC Accountable Care Organization

If the entity's name is changing, state the new name: CHC Accountable Care Organization

ARTICLE II

If the corporate duration is changing, so state: **X** Perpetual ___

If the corporate purpose is changing, so state:

TO ACT ON BEHALF OF PARTICIPATING HEALTH CARE PROVIDERS TO ENTER INTO SHARED SAVINGS AND OTHER INNOVATIVE FINANCING ARRANGEMENTS TO IMPROVE
PATIENT HEALTH AND REDUCE THE OVERALL TOTAL COST OF CARE FOR PUBLICLY AND PRIVATELY FUNDED POPULATIONS.

THE CORPORATION IS ALSO ORGANIZED EXCLUSIVELY TO SUPPORT THE MISSIONS OF EAST BAY COMMUNITY ACTION PROGRAM, THUNDERMIST HEALTH CENTER, COMPREHENSIVE COMMUNITY ACTION PROGRAM, NORTHWEST COMMUNITY HEALTH CARE
D/B/A WELLONE, TRI-COUNTY COMMUNITY ACTION AGENCY AND WOOD RIVER HEALTH
SERVICES, INC., EACH OF WHICH IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE “CODE”) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AS WELL AS SUPPORTING OTHER TAX-EXEMPT HEALTH CARE PROVIDERS IN RHODE ISLAND THAT
BECOME MEMBERS OF THE CORPORATION AND PARTICIPATE IN THE CORPORATION’S
PROGRAMS TO IMPROVE PATIENT HEALTH AND REDUCE HEALTH CARE COSTS.

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 11

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL A LICHTENSTEIN	823 MAIN ST

		HOPE VALLEY, RI 02832 USA
DIRECTOR	JEANNE LACHANCE	171 SERVICE AVENUE - BUILDING 2 WARWICK,, RI 02886 USA
DIRECTOR	PETER J BANCROFT	19 BROADWAY NEWPORT, RI 02840 USA
DIRECTOR	JOSEPH DESANTIS	19 BROADWAY NEWPORT, RI 02840 USA
DIRECTOR	DENNIS ROY	19 BROADWAY NEWPORT, RI 02840 USA
DIRECTOR	JOANNE MCGUNAGLE	311 DORIC AVENUE CRANSTON, RI 02910 USA
DIRECTOR	DAVID BOURASSA	450 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	STEVE DIZIO	P.O. BOX 1700 WOONSOCKET, RI 02895 USA
DIRECTOR	DANIEL KUBAS-MEYER	2756 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	JAMIE LEHANE	127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	BENEDICT BLESSING	P.O. BOX 1700 WOONSOCKET, RI 02895 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 , 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.

X The amendment was adopted by a consent in writing on 3/27/2018 , 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 3/28/2018
(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Signed this 28 Day of March, 2018 at 11:44:56 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.*

CHC Accountable Care Organization
Corporate Name

By DENNIS ROY

X President or __ Vice President (check one)

AND

By JOANNE MCGUNAGLE

X 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:

March 28, 2018 11:45 AM

Nellie M. Gorbea
Secretary of State