



State of Rhode Island
Department of State - Business Services Division

Certificate of Authority
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

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1. The name of the corporation is:

BAYADA Home Health Care, Inc.

1a. The name, if different, which it elects to use in Rhode Island is:

*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.

2. It is incorporated under the laws of:

Pennsylvania

3. The date of its incorporation is:

1/17/1975

And the period of its duration is: **CHECK ONLY ONE BOX**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The address of its principal place of business is:
4300 Haddonfield Road, Pennsauken, NJ 08109

5. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name Corporation Service Company

Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick

State **RHODE ISLAND**

Zip Code 02888

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 11 2021

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BY *AGGVMX1*
FORM 250 - Revised: 08/2020

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Foreign Nonprofit Corporation to provide home health care services, to conduct research, and to educate both the public and providers of home health care about and regarding the delivery of home health care services with compassion, excellence and reliability, in each case, within the meaning of Section 501(c)(3) of the Code.

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Please see attached	
Director		
Director		
President		
Vice President		
Treasurer		
Secretary		

Check the box to indicate an attachment ☒

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of ☒ President OR ☐ Vice President

David L. Baiada

Date

Jul 27, 2021

Signature of President OR Vice President

David Baiada

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Tanya Holcomb

Date

Jul 27, 2021

Signature of Secretary OR Assistant Secretary

Tanya Holcomb

List of Directors/Trustees

1. J. Mark Baiada,, 1 West Main Street, Moorestown, NJ 08057
2. P. Melan Baiada 4300 Haddonfield Road, Pennsauken, NJ 08109
3. Enrico Ballezzi 4300 Haddonfield Road, Pennsauken, NJ 08109
4. Gavin Kerr 4300 Haddonfield Road, Pennsauken, NJ 08109
5. Thomas Considine 4300 Haddonfield Road, Pennsauken, NJ 08109
6. Dr. Thomas Saporito 4300 Haddonfield Road, Pennsauken, NJ 08109
7. Brian Ford 4300 Haddonfield Road, Pennsauken, NJ 08109
8. Shirlee Sharkey 4300 Haddonfield Road, Pennsauken, NJ 08109
9. Teresa Carroll 4300 Haddonfield Road, Pennsauken, NJ 08109

List of Officers

1. Chairman- J. Mark Baiada 1 West Main Street, Moorestown, NJ 08057
2. President- David L. Baiada 4300 Haddonfield Road, Pennsauken, NJ 08109
3. Secretary- Tanya Holcomb 4300 Haddonfield Road, Pennsauken, NJ 08109
4. Treasurer- Brian Pressler 4300 Haddonfield Road, Pennsauken, NJ 08109

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/09/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BAYADA Home Health Care, Inc.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC210609162113-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>