RI SOS Filing Number: 202460866530 Date: 10/28/2024 3:30:00 PM

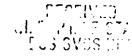


## State of Rhode Island Department of State - Business Services Division

## Articles of Amendment

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00



1024 OCT 28 P 3: 30

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Pursuant to the provisions of RIGL <u>7-16-12</u> the undersigned limited liability company hereby amends its Articles of Organization as follows:

Entity ID Number:	2. The name of the limited liability company	is:		
001769243	RI Mental Health LLC			
3. If the entity's name is changing, state the new name:				
		Check the box to indicate no change		
4. If the principal office address of the entity is changing, complete the 12 Thunder Trail, Cranston, RI 02921 following section:  12 Thunder Trail, Cranston, RI 02921				
<b>3</b>		Check the box to indicate no change		
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution		Check the box to indicate no change		
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY				
Partnership <b>or</b>				
A corporation or				
Disregarded as an entity separate from its member(s)				
		Check the box to indicate no change 🔽		
7. If the management structure is changing, complete the following section:				
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY				
Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> 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 Amendment, state the name and address of each manager on the next page.)				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

NN 33001

FORM 401 - Revised: 12/2023

MANAGER .	ADDRESS			
	<u> </u>	Check the	box to indicate no change	
8. If adding or amending additions	al provisions, complete the	following section:		
		Chook th	o hay ta indicata na shanga 🎞	
Check the box to indicate no change   2. As required by RIGL 7.16.67, the optiby has paid all fees and tayon				
9. As required by RIGL <u>7-16-67</u> , the entity has paid all fees and taxes.  10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY				
To. Date when these Articles of Americanient will be enective. Check one Box Only				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.				
Name of Authorized Person		Street Address		
Jill Pedersen		25 East Avenue		
City/Town		State	Zip Code	
Marion		МА	02738	
Signature of Authorized Person			Date	
			10/08/2024	
Jin PB	DERSED			

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, 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:

October 28, 2024 03:30 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

