

REC'D R1005 BSD
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→ Filing Fee: \$50.00

1. Entity ID Number: 000049090	2. The name of the partnership is: Burrillville Health Center Associates Limited Partnership
3. If the entity's name is changing, state the new name:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
4. The date of filing of the Certificate of Limited Partnership is: 9/27/1983	
5. If there is a change in the general partners complete the following section: <i>*List ALL general partners as of this amendment</i>	
NAME	ADDRESS
Michael Bigney	10 Linden Drive Providence, RI 02906
Kelly Arnold	435 Red Chimney Drive Warwick, RI 02886
Stephanie Ryan	1 Strathmore Place Cranston, RI 02920
Check the box to indicate an attachment <input checked="" type="checkbox"/> Check the box to indicate no change <input type="checkbox"/>	
6. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/>	

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Burrillville Health Center Associates Limited Partnership
Form # 301 - Certificate of Amendment
Section # 5 - Additional General Partners

Christopher Ryan

923 Snake Hill Road N. Scituate, RI 02857

7. If there has been a dissociation of a person as a general partner, so state:

NAME	ADDRESS
The David M. Ryan Trust 2018	101 Melrose Avenue Jamestown, RI 02835

8. The following person has been appointed to wind up the partnership's activities and affairs in accordance with RIGL 7-13.1-802(c) or (d):

NAME	ADDRESS

9. As required by RIGL 7-13.1, the partnership has paid all fees and taxes.

10. Date when this Certificate of Amendment will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

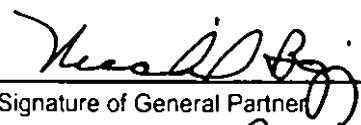
11. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Limited Partnership

Burrillville Health Center Associates Limited Partnership

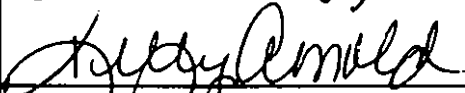
Signature of General Partner



Date

1/12/2025

Signature of General Partner



Date

1/13/2025

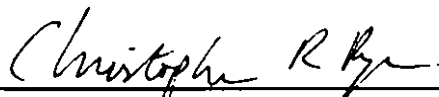
Signature of General Partner



Date

1/13/2025

Signature of General Partner



Date

1/13/2025

Signature of General Partner

Date

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.



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

January 15, 2025 10:39 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

