

## C'D RIDGS B

## **Certificate of Amendment**

Limited Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by <u>RIGL 7-13.1-201</u>, hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership:

1. Entity ID Number:	2. The na	e name of the partnership is:		
000049090	Burril	Iville Health Center Associates Limited Partnership		
3. If the entity's name is cha state the new name:	nging,			
		Check the box to indicate no change		
4. The date of filing of the Co of Limited Partnership is:	ertificate 9/27/	/1983		
5. If there is a change in the *List ALL general partners as c		ers complete the following section:		
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 ar	n attachment	Check the box to indicate no change		
6. If adding or amending add	ditional provision	ons, complete the following section:		
Check the box to indicate an attachment		Check the box to indicate no change		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 1 5 2025 BY <u>S71Z8</u> W39 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 <u>7-13,1</u> , 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		
Musa O Asi		1/12/2025		
Signature of General Partner()	1 _			
Litylemild	1/13/20シS			
Signature of General Partner	Date/ /			
Styl	Date 1/13/2025			
Signature of General Partner	Date			
Christophe R Ky	1/13/2028			
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.