

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) _____

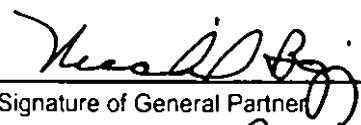
11. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

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

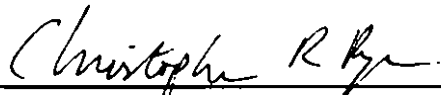
Signature of General Partner



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.