



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL ~~7-16-49~~, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
BAYADA Home Health Care, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
N/A		
2. The LLC is organized under the laws of: Pennsylvania		
3. The date of its organization is: January 17, 1975		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident 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
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: To provide home healthcare services		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY J32CB
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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

2595 Interstate Drive, Suite 103, Harrisburg, PA 17110

8. The mailing address for the limited liability company is:

300 Haddonfield Rd, Pennsauken, NJ 08109

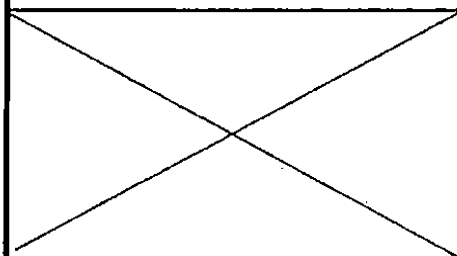
9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☒ Members (Owners)

DO NOT complete the chart below.

OR

☐ Manager(s). Complete the chart below.



MANAGER(S) NAME

ADDRESS

Check the box to indicate an attachment ☐

10. 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 filing.

11. Date when this application for Certificate of Registration 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) _____

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

Type or Print Name of LLC

BAYADA Home Health Care, LLC

Date


January 29, 2025

Signature of Authorized Person

David Baiada

Entity# : 609380
Date Filed : 12/26/2018
Effective Date : 12/31/2018
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <u>CSC order # 558564 -</u> <u>UBJ</u> Name _____ CSC (cc) Return document by email to: <u>cscpa@cscglobal.com</u>	Statement of Conversion  TC0181228RA0938
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Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: BAYADA Home Health Care, LLC
2. The jurisdiction of formation of the converting association is: Pennsylvania
3. The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

01/17/1976
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law, act of May 5, 1933 (P.L. 364)
(or, Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

The original corporation, Bayada Home Health Care, Inc. was converted to the above-named Pennsylvania limited liability company, Bayada Home Health Care, LLC, pursuant to 15 Pa. C.S. sec 355 (relating to conversion of entities) and 15 Pa. C.S. sec. 8821 (relating to the formation of limited liability companies) on December 17, 2018. Bayada Home Health Care, LLC now hereby files this Statement of Conversion to convert the limited liability company to a Pennsylvania nonprofit corporation, pursuant to 15 Pa. C.S. sec 355.

B. For the converted association:

1. The name of the converted association is: BAYADA Home Health Care, Inc.
2. The jurisdiction of formation of the converted association is: Pennsylvania
3. The type of association is (check only one):
- | | | |
|-----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: Corporation Service Company _____ Name of Commercial Registered Office Provider Dauphin County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p>Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> <p>Name of Registered Agent</p> <p>_____</p> <p>Number and street City State Zip</p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- ☐ This Statement of Conversion shall be effective upon filing in the Department of State.
- ☒ This Statement of Conversion shall be effective on: 12/31/2018 at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- ☒ For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- ☐ For converting association that is a foreign association – The conversion was approved in accordance with the law
- ☐ of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 17th day of December, 2018

BAYADA Home Health Care, LLC

Name of Converting Association



Signature

J. Mark Balader, Chairman

Title



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:

August 11, 2021 12:33 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

