



State of Rhode Island  
Department of State - Business Services Division

## Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,  
Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title Z, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>1. Entity ID Number:</b><br><span style="font-size: 1.2em; font-family: cursive;">1785952</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2. The full name of the entity filing this application is:</b><br>BAYADA Home Health Care, LLC |
| <b>3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Limited Liability Company                     </div> <div> <input type="checkbox"/> Business Corporation                     </div> <div> <input type="checkbox"/> Non-Profit Corporation                     </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Limited Partnership                     </div> <div> <input type="checkbox"/> Limited Liability Partnership                     </div> </div>                                                                                                                                                                                                          |                                                                                                   |
| <b>4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Limited Liability Company (RIGL 7-16-52.1)                     </div> <div> <input type="checkbox"/> Business Corporation (RIGL 7-1.2-1411.1)                     </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Non-Profit Corporation (RIGL 7-6-80.1)                     </div> <div> <input type="checkbox"/> Limited Partnership or Limited Liability Limited Partnership (RIGL 7-13.1-1009)                     </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Limited Liability Partnership (RIGL 7-12.1-1009)                 </div> |                                                                                                   |
| <b>5. The date the applicant qualified to conduct business in Rhode Island is:</b><br>May 5, 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6. The jurisdiction upon transfer of authority is:</b><br>Pennsylvania                         |
| <b>7. The name of the entity following the transfer of authority is:</b><br>BAYADA Home Health Care, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |
| <b>8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY</b><br><div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Application for registration for a Limited Liability Company                     <input type="checkbox"/> Application for certificate of authority for a Business Corporation                     <input checked="" type="checkbox"/> Application for certificate of authority for a Non-Profit Corporation                     <input type="checkbox"/> Statement of registration for a Limited Partnership                     <input type="checkbox"/> Statement of registration for a registered Limited Liability Partnership                 </div>                                                                                                         |                                                                                                   |
| <b>9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |

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

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BY

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**10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY**

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.*

Type or Print Name of Limited Liability Company

BAYADA Home Health Care, LLC

Signature of Authorized Person

*David Baiada*

Date

January 29, 2025

Signature of Authorized Person

Date

Type or Print Name of Corporation

Signature of Authorized Person

Date

Signature of Authorized Person

Date

Type or Print Name of Partnership

Signature of Partner

Date

Signature of Partner

Date

Signature of Partner

Date

Type or Print Name of Other Entity

Signature of Authorized Person

Date

Signature of Authorized Person

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](mailto:corporations@sos.ri.gov).