

7. If adding or amending additional provisions, complete the following section:

Section 1 to Attachment 4 of the Restated Articles of Incorporation, dated May 25, 2012, is deleted in its entirety and replaced with the following language:

"1. Governance. The affairs and business of the Corporation shall be governed and managed by a Board of Trustees. The Trustees and Officers of the Corporation, terms of office, method of selection, and their respective duties, shall be as defined and established by the By-Laws."

Check the box to indicate an attachment ☐

Check the box to indicate no change ☐

8. The amendment was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☒ The amendment was adopted at a meeting of the members held on September 2, 2025, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The amendment was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.
- ☐ The amendment was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)

October 1, 2025

☒ Later effective date (Date must be no more than 30 days from the date of filing) _____

10. Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print the Name of the Non-Profit Corporation

Lifespan Physician Group, Inc.

Type or Print Name of the President ☒ OR Vice President ☐

Babar Khokhar, MD

Date

9/15/2025

Signature of President OR Vice President

Signed by:

Babar Khokhar, M.D.

Type or Print Name of the Secretary ☐ OR Assistant Secretary ☐

Gildasio DeOliveira, MD

Date

9/16/2025

Signature of the Secretary OR Assistant Secretary

Signed by:

Gildasio DeOliveira, M.D.

BE7F8A827CE948C

TWO SIGNATURES ARE REQUIRED

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.

FORM 201 - Revised 12/2023

Attachment to Articles of Amendment

Question 6: List of ALL directors as of this amendment

Directors	Address
Jessica Attar, NP	Rhode Island Hospital 593 Eddy Street Providence, RI 02903
Julie Boergers, PhD	Coro Building 1 Hoppin Street, Suite 204 Providence, RI 02903
Phyllis Dennerly, MD	Hasbro Children's 593 Eddy Street Providence, RI 02903
Curtis Doberstein, MD	Rhode Island Hospital 593 Eddy Street Providence, RI 02903
Paul Liu, MD	Rhode Island Hospital 235 Plain Street, Suite 102 Providence, RI 02905
Michael Migliori, MD	Coro Building, Suite 202 Providence, RI 02903
Ashish Misri, MD	Rhode Island Hospital 593 Eddy Street Providence, RI 02903
Jill O'Brien, MD	The Miriam Hospital 164 Summit Avenue Providence, RI 02906
Adetokunbo Oyelese, MD	Rhode Island Hospital – Neurosurgery 593 Eddy Street Providence, RI 02903
Christopher Song, MD	Cardiovascular Institute 208 Collyer Street, Suite 100 Providence RI 02904
Laura Stanton, MD	The Miriam Hospital / Psychiatry 164 Summit Avenue Providence, RI 02906
Peter Markell	c/o Lifespan Corporation 15 LaSalle Square Providence, RI 02903



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:

September 30, 2025 01:29 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

