



State of Rhode Island  
**Department of State - Business Services Division**

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**Certificate of Amendment**  
 DOMESTIC 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 RIGL 7-13-9, hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership:

1. Entity ID Number:  000049090	2. The name of the partnership is:  BURRILLVILLE HEALTH CENTER ASSOCIATES LIMITED PARTNERSHIP
3. If the entity's name is changing, state the new name:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. The date of filing of the Certificate of Limited Partnership is:      September 27, 1983	
5. If the specified office address is changing complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the mailing address is changing complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. If there is a change in the general partners complete the following section: *List ALL general partners as of this amendment	
NAME	ADDRESS
THE DAVID M. RYAN TRUST - 2018 David M. Ryan, Trustee	101 Melrose Avenue, Jamestown, RI 02835
Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	

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

Check the box to indicate an attachment  Check the box to indicate no change

9. As required by RIGL 7-13-69, the partnership has paid all fees and taxes.

10. 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 d/b/a BAYBERRY COMMONS

Signature of General Partner <i>D. D. M. Nguyen</i>	Date 12/29/2021
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Signature of General Partner <i>D. D. M. Nguyen trustee</i>	Date 12/29/2021
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Signature of General Partner	Date
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Signature of General Partner	Date
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Signature of General Partner	Date
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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.



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

December 30, 2021 01:04 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

