



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

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 BUS. SERVICES DIV.
 2023 FEB -2 12:47

Pursuant to the applicable provisions of RIGL Title 7, 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:

1. Entity ID Number: 1728039		2. The full name of the entity filing this application is: BAYADA Home Health Care, Inc.	
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Business Corporation	
<input type="checkbox"/> Limited Partnership		<input checked="" type="checkbox"/> Non-Profit Corporation	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Limited Liability Company (RIGL <u>7-16-52.1</u>)		<input type="checkbox"/> Business Corporation (RIGL <u>7-1.2-1411.1</u>)	
<input checked="" type="checkbox"/> Non-Profit Corporation (RIGL <u>7-6-80.1</u>)		<input type="checkbox"/> Limited Partnership (RIGL <u>7-13-52.1</u>)	
<input type="checkbox"/> Limited Liability Partnership (RIGL Title 7, as applicable)			
5. The date the applicant qualified to conduct business in Rhode Island is: 05/05/1998		6. The jurisdiction upon transfer of authority is: Delaware	
7. The name of the entity following the transfer of authority is: BAYADA Home Health Care, Inc.			
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY			
<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"/> Certificate of registration for a Limited Partnership			
<input type="checkbox"/> Notice of registration for a registered Limited Liability Partnership			
8(a). 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.			

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

FILED STAMP
 FEB 02 2023
 BY 27731
 AA-12:47PM

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**

Signature of Authorized Person

Date

Signature of Authorized Person

Date

Type or Print Name of **Corporation**

BAYADA Home Health Care, Inc.

Signature of Authorized Person

David Baiada

Date

Jan 26, 2023

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



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:

February 02, 2023 12:47 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

