

Filing Fee: \$150.00

ID Number: _____

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY**ARTICLES OF ORGANIZATION**

Pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:

Marlene Cutitar, M.D., LLC

2. The address of the limited liability company's resident agent in Rhode Island is:

56 Exchange Terrace

Providence

RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is E. Colby Cameron

(Name of Agent)

3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:

(Check one box only)

☐ a partnership or ☐ a corporation or ☒ disregarded as an entity separate from its member

4. The address of the principal office of the limited liability company if it is determined at the time of organization:

One Randal Square, Suite 402

Providence, RI 02904

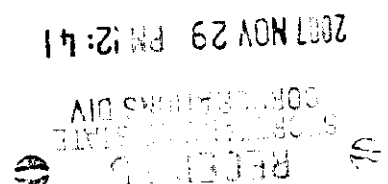
(If not determined, so state)

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-16, unless a more limited purpose or duration is set forth in paragraph 6 of these Articles of Organization.

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6. Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

See attached Exhibit A

7. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☒ by its members. *(If you have checked this box, go to item no. 8.)*

or

- B. The limited liability company is to be managed ☐ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

Manager

Address

<u>Manager</u>	<u>Address</u>

8. The date these Articles of Organization are to become effective, if later than the date of filing, is:

Upon filing these Articles

(not prior to, nor more than 30 days after, the filing of these Articles of Organization)

Name and Address of Authorized Person:

E. Colby Cameron

Cameron & Mittleman LLP

56 Exchange Terrace, Providence, RI 02903

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

Date: **November 29, 2007**



Signature of Authorized Person

MARLENE CUTITAR, M.D., LLC

ARTICLES OF ORGANIZATION

EXHIBIT A

All members, managers, officers, employees and agents of the limited liability company shall be indemnified to the fullest extent permitted under applicable law and as provided in the Operating Agreement of the limited liability company. No member or manager of the limited liability company shall have any liability to the limited liability company or its members for monetary damages for breach of any duty provided in Section 7-16-17 of the General Laws of Rhode Island, 1956, as amended, except as expressly provided in Section 7-16-18(b) of said General Laws or in any Operating Agreement of the limited liability company.

11/13/2007 12:15 RANDALL SURGICAL GROUP → 4636277

NO.049 0003



(415) 397-9700
(800) 652-1051
(907) 563-3414 (In Alaska)

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed below.

Certificate Holder Randall Surgical Group, Inc One Randall Square, Suite 404 Providence, RI 02904-7405		Name and Address of Insured Marlene Cutlar, MD One Randall Square, Suite 404 Providence, RI 02904-7405							
Current Medical Specialty: General Surgery		The above Insured is: <input type="checkbox"/> Named Insured <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens							
Policy Number 706713	Insured's Effective Date 07/01/2007	Insured's Expiration Date 07/01/2008							
Coverage and Limits of Liability and Reimbursement Provided <input type="checkbox"/> Shared Limits of Liability and Reimbursement <input checked="" type="checkbox"/> Separate Limits of Liability and Reimbursement									
<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance - Claims Made RETROACTIVE DATE: 07/01/1992 <input type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made RETROACTIVE DATE: If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below. <table><tr><td>LIMITS OF LIABILITY:</td><td>DEDUCTIBLE:</td></tr><tr><td>\$1,000,000 Each Claim</td><td>\$Nil Each Claim</td></tr><tr><td>\$3,000,000 Aggregate Limit per Policy Period</td><td>\$Nil Aggregate per Policy Period</td></tr></table>				LIMITS OF LIABILITY:	DEDUCTIBLE:	\$1,000,000 Each Claim	\$Nil Each Claim	\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period
LIMITS OF LIABILITY:	DEDUCTIBLE:								
\$1,000,000 Each Claim	\$Nil Each Claim								
\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period								
<input checked="" type="checkbox"/> COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made RETROACTIVE DATE: 07/01/1992 \$30,000 Each Administrative Proceeding or Employment-Related Civil Action \$30,000 Aggregate Limit per Policy Period									
This is to certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of issuance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.									
By: NORCAL Mutual Insurance Company		Issue Date: July 5, 2007							
 James Sunseri President		 David R. Holley, M.D. Secretary							



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A. RALPH MOLLIS

Secretary of State

