

Filing and License Fee: \$230.00 minimum

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

RECEIVED
STATE
CORPORATIONS DIV
2009 JAN -5 PM 4:14

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is The Law office of David M. Dolbashian, Esq., PC

(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The profession to be practiced through the professional service corporation is Attorney

3. The total number of shares which the corporation has authority to issue is:

(a) If only one class: Total number of shares 100 (Par Value \$0.01 per share)

or

(b) If more than one class: Total number of shares of each class _____

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

4. The address of the initial registered office of the corporation is 60 John Street

(Street Address, not P.O. Box)

Providence

(City/Town)

, RI 02906

(Zip Code)

and the name of its initial registered agent

at such address is David M. Dolbashian, Esq.

(Name of Agent)

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.
6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

FILED

JAN 05 2009

By 77314

7. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

N/A

8. The name and address of each incorporator is:

Name

Address

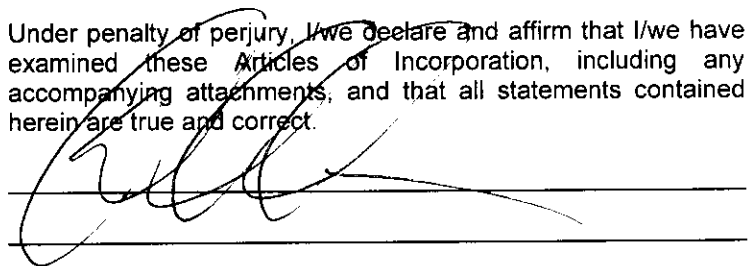
David M. Dolbashian, Esq.

60 John Street, Providence, RI 02906

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing Upon Filing

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

Date: 1/5/09



Signature of each Incorporator



Liberty Insurance Underwriters, Inc.
55 Water Street, 18th Floor
New York, NY 10041
212-208-4100

LIU 3001 Ed. 04 02

LIBERTY INSURANCE UNDERWRITERS, INC. (The Liberty Mutual Group)

LAWYERS PROFESSIONAL LIABILITY POLICY

DECLARATIONS

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

POLICY NUMBER: LPA205903-018

RENEWAL OF:

PRODUCER AND ADDRESS:

AIS Affinity Insurance Agency of New England, Inc.
One Federal Street, 20th Floor
Boston, MA 02110-2012

NAMED INSURED AND ADDRESS:

David M. Dolbashian, Esq.
Attorney at Law
60 John Street
Providence, RI 02906-2034

The Named Insured is:

☒ Individual
☐ Corporation
☐ Limited Liability Corporation

☐ Partnership
☐ Limited Liability Partnership
☐ Other

POLICY PERIOD:

From: 5/14/2008

To: 5/14/2009

(12:01 A.M. at the Named Insured's address set forth above)

LIMIT OF LIABILITY:

\$1,000,000

Each Claim

\$1,000,000

Aggregate

DEDUCTIBLE:

\$2,500

Each Claim

PREMIUM:

\$1,028.00

ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

LIU3000 (04/02) LIU3023 (04/02)

LIU3014 (04/02) LIU3022 (04/02)

This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and all endorsements thereto, shall constitute the contract between Liberty Insurance Underwriters, Inc. and the Named Insured identified above. This policy is valid only if signed below by a duly authorized representative of Liberty Insurance Underwriters, Inc.

Authorized Representative

May 30, 2008

Issue Date

JUN-11-2008 09:19

MIKE ASHWORTH

4014671112 P.01/02

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/11/2008

PRODUCER (401) 467-0320

Michael Ashworth Insurance

1045 Warwick Avenue

Suite 203

Warwick

RI 02888-

INSURED

Dolbashian, Esq., David

60 John Street

Providence

RI 02906-

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Liberty Insurance

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADPL LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE ☐ OCCUR ☐		/ /	/ /	MED EXP (Any one person) \$
			/ /	/ /	PERSONAL & ADV INJURY \$
			/ /	/ /	GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER		/ /	/ /	PRODUCTS - COMP/OP AGG \$
	POLICY ☐ PRO- JECT ☐ LOC ☐		/ /	/ /	NOWED
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
	ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS		/ /	/ /	
	NON-OWNED AUTOS		/ /	/ /	
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
			/ /	/ /	AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	OCCUR ☐ CLAIMS MADE ☐		/ /	/ /	AGGREGATE \$
	DEDUCTIBLE		/ /	/ /	\$
	RETENTION \$		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU- TORY LIMITS ☐ OTH- ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
			/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
A	OTHER Lawyers Professional Liability	205903-01B	05/14/2008	05/14/2009	Each Claim 1,000,000
			/ /	/ /	Policy Aggregate 1,000,000
			/ /	/ /	Deductible 2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

