RI SOS Filing Number: 200940335060 Date: 01/14/2009 12:02 PM

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

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 **Diamond Hill Dental, Inc.**

(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 **dental services**

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

(a) *If only one class:* Total number of shares **100**

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:

N/A

4. The address of the initial registered office of the corporation is **144 MEDWAY 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 **Karenann McLoughlin** (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.

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By AMF 12:02
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Form No. 112
Revised 12/05

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:

See Exhibit A attached hereto

8. The name and address of each incorporator is:

Name	*Address*
Neal Rogol	**10 Dorset Raod, Pawtucket, RI 02860**

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: **1/5/2008**

Signature of each Incorporator

EXHIBIT 'A'

All stockholders, managers, officers, employees and agents of the corporation shall be indemnified to the fullest extent permitted under applicable law and as provided in the By-Laws of the corporation.

No stockholder, director or officer of the corporation shall have any liability to the corporation or its stockholders for monetary damages for breach of any duty provided in Section 7-1.2-1 et seq. of the General Laws of Rhode Island, 1956, as amended, except as expressly provided in said General Laws or in any By-Laws of the corporation.

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 01/13/2009

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER NAME, CONTACT PERSON AND ADDRESS

PHONE (A/C, No, Ext): (401) 467-6333
FAX (A/C, No): ( ) -
E-MAIL ADDRESS:

Hickey & Associates, Inc
1045 Warwick Avenue
Warwick RI 02888-

CODE: SUB CODE:
AGENCY CUSTOMER ID #: ROGOLNEA001

NAMED INSURED AND ADDRESS

NEAL ROGOL, DMD
2343 Diamond Hill Rd
Cumberland RI 02862-

ADDITIONAL NAMED INSURED(S)

DIAMOND HILL DENTAL INC.

COMPANY NAME AND ADDRESS | NAIC NO:

The Medical Protective Company
5814 Reed Road
P.o. Box 15021
Ft Wayne IN 46835-

IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH

LOAN NUMBER | POLICY NUMBER: 616331

EFFECTIVE DATE: 11/15/2008 | EXPIRATION DATE: 11/15/2009 | [X] CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED: 11/15/2007

PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION

2343 Diamond Hill Rd Cumberland RI 02862-

COVERAGE INFORMATION

CAUSE OF LOSS FORM: [ ] BASIC [ ] BROAD [X] SPECIAL [ ] OTHER

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 556,300.00 DED: 250

	YES	NO	
BUSINESS INCOME / RENTAL VALUE			If YES, LIMIT: [X] Actual Loss Sustained # of months: 12
BLANKET COVERAGE	X		If YES, indicate amount of insurance on properties identified above: $
TERRORISM COVERAGE	X		Attach signed Disclosure Notice / DEC
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?	X		If YES, SUB LIMIT: DED:
IS COVERAGE A STAND ALONE POLICY?		X	If YES, LIMIT: DED
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?	X		If YES, SUB LIMIT: DED:
COVERAGE FOR MOLD			If YES, LIMIT: DED
MOLD EXCLUSION (If "YES", specify organization's form used)	X		
REPLACEMENT COST	X		
AGREED AMOUNT		X	
COINSURANCE		X	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X		If YES, LIMIT: DED:
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building	X		If YES, LIMIT: DED:
- Demolition Costs	X		If YES, LIMIT: DED:
- Incr Cost of Construction	X		If YES, LIMIT: DED:
EARTHQUAKE (If Applicable)		X	If YES, LIMIT: DED
FLOOD (If Applicable)		X	If YES, LIMIT: DED
WIND / HAIL (If Separate Policy)		X	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS		X	

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

BUSINESS PERSONAL PROPERTY COVEAGE = $201,300

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

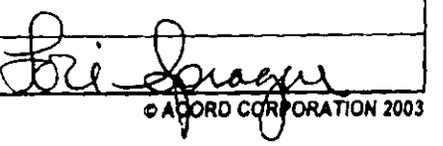
NAME AND ADDRESS

INSURED

LENDER SERVICING AGENT NAME AND ADDRESS

[ ] MORTGAGEE
[ ] LOSS PAYEE

AUTHORIZED REPRESENTATIVE



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/13/2009

PRODUCER (401) 467-6333
Hickey & Associates, Inc
1045 Warwick Avenue
Suite 203
Warwick RI 02888-

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.

INSURED
Neal Rogol, DMD
Diamond Hill Dental, Inc.
2343 Diamond Hill Rd
Cumberland RI 02862-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: The Medical Protective	
INSURER B: The Hartford	
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [ ] POLICY [ ] PRO-JECT [ ] LOC	02 SBA NR1463	11/16/2008 / /	11/16/2009 / /	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY [ ] ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $		/ /	/ /	EACH OCCURRENCE AGGREGATE	$ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	02 WEC GT6910	11/16/2008 / /	11/16/2009 / /	WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
A		OTHER PROFESSIONAL LIABILITY	616331	11/15/2008 / /	11/15/2009 / /	EACH OCCURRENCE ANNUAL AGGREGATE	1,000,000 3,000,000

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

CERTIFICATE HOLDER

( ) - ( ) -

INSURED

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: Lori Sprague

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:

January 14, 2009 12:02 PM

A. RALPH MOLLIS

Secretary of State

30209-1-227203