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

200 HAY 22 AM 8: 2

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 corp	poration is_Penny Ka	dmon M.D.,	lnc.	
	(This is a c	close corporation pursuant to	o § 7-1.2-1701 o	f the General Laws	, 1956, as amended.) (Strike if inapplicable.)
2.	The profession to be	practiced through the	professional	service corpora	ation is Medical Doctor
3.	The total number of s	shares which the corpo	oration has a	uthority to issue	is:
	(a) If only one class:	Total number of shares	600 No Par	/ Common	
				<u>or</u>	
	limitations, or restriction respect of any class or express grant of the au	ns of them, which are per classes of shares of the	mitted by the period of corporation a	provisions of Cha and the fixing of v	I rights, including voting rights, and the qualifications, pter 7-1.2 of the General Laws, 1956, as amended, in which by the articles of association is desired, and an directors to fix by vote or votes any of them that may
4.	The address of the in	iitial registered office o	of the corpora	ition is 341 Co	ole Avenue (Street Address, <u>not</u> P.O. Box)
	Providence		, RI	02916	and the name of its initial registered agent
	at such address is _F			(Zip Code)	
		(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.



Form No. 112 Revised 12/05

None	
HOHE	
The name and add	dress of each incorporator is:
The name and add	dress of each incorporator is:
	<u>Name</u> <u>Address</u>
The name and add	
	<u>Name</u> <u>Address</u>
	<u>Name</u> <u>Address</u>
	<u>Name</u> <u>Address</u>
Penny Kadmon These Articles of Ir	Name 341 Cole Avenue, Providence, RI 02916 Address accorporation shall be effective upon filing unless a specified date is provided which shall be no la
Penny Kadmon These Articles of Ir	Name Address 341 Cole Avenue, Providence, RI 02916
Penny Kadmon	Name Address 341 Cole Avenue, Providence, RI 02916 ncorporation shall be effective upon filing unless a specified date is provided which shall be no lafter the date of this filing
Penny Kadmon These Articles of Ir	Name Address 341 Cole Avenue, Providence, RI 02916 Address accorporation shall be effective upon filing unless a specified date is provided which shall be no lafter the date of this filing Under penalty of perjury, I/we declare and affirm that I/we ha
Penny Kadmon These Articles of Ir	Name 341 Cole Avenue, Providence, RI 02916 Address accompanying attachments, and that all statements contains
Penny Kadmon These Articles of Irthan the 90 th day a	Name 341 Cole Avenue, Providence, RI 02916 Address ncorporation shall be effective upon filing unless a specified date is provided which shall be no larger the date of this filing Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including a accompanying attachments, and that all statements contains therein are true and correct.
Penny Kadmon These Articles of Ir	Name 341 Cole Avenue, Providence, RI 02916 Address accompanying attachments, and that all statements contains the region are true and correct.



The Coro Building 167 Point Street, Room 170 Providence, RI 02903 Tel: 401-444-2018 Fax: 401-444-8963

LIFESPAN MALPRACTICE PLAN (LMP)
PROFESSIONAL LIABILITY (RI-INDEM)
VERIFICATION OF INDEMNIFICATION
Physician (P)

This is to verify that the individual listed below is indemnified for professional liability claims in accordance with the Indemnification Agreement referenced below provided by the Indemnifying Lifespan Hospital identified below.

- Indemnification only applies to the individual's activities and services that are part of such individual's relationship with the MPG listed below.
- Indemnification is contingent upon the individual's continuing to meet the criteria for indemnification, including any
 applicable annual certification of compliance of LMP.

All inquiries concerning this Verification of Indemnification should be directed to Lifespan Risk Services, Inc. at the address noted above.

2008/2009 LMP - RI INDEMNIFICATION

Indemnifying Lifespan Hospital (Indemnitor):

Indemnified Individual (IMPRO):

Indemnified Medical Practice Group (MPG):

Relationship with MPG Employer: Indemnification Agreement Number:

Indemnification Retroactive Date:

Original Inception Date:

Exposures Covered by this Indemnification Agreement:

Current Indemnification Coverage Period:

Limits of Indemnification:

Rhode Island Hospital Penny M. Kadmon, M.D.

Penny Kadmon, M.D.

Employed Attending Physician

2009-P230105

9/1/2005

9/1/2005

Individual Medical Professional's Liability (claims made)

10/01/2008 - 09/30/2009

\$1,000,000 Each Medical Incident

\$3,000,000 Aggregate

Said Limits of Indemnification are shared by the Indemnified Individual Medical Professional (IMPRO) and the

Indemnified Medical Practice Group (MPG)

Other Approved Locations:

CAVEAT

This Verification of Indemnification is issued as a matter of information only and confers no rights whatsoever upon the recipient or the listed indemnified individual. All questions as to the specific indemnification afforded under the Indemnification Agreement should be determined by reference to such Agreement. This Verification of Indemnification does not alter, amend, waive or vary any of the terms or conditions of such Agreement. Lifespan Risk Services, Inc. assumes no responsibility for any mistake or failure to give notice of any changed circumstances affecting indemnity. Other indemnity is neither expressed nor implied.

"Moonlighting" is <u>not</u> covered unless expressly approved by Lifespan Risk Services. Please contact Lifespan Risk Services for details.

Rick Almeida, MBA

Director, Insurance & Business Operations

Lifespan Risk Services, Inc.

September 9, 2008
Date signed



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

A. Japa 1. eeio

Secretary of State

