Filing and License Fee: \$230.00 minimum	ID Number:
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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

Ge	eneral Laws of Rhode I	sland, 1956, as amer	nded, adopt(s) the fol	lowing Art	icles of Incorporation for su	ch corpo	oration:
1.	The name of the corpo	oration is Law Office	e of John L.	Calcagi	ni III, Inc.			
	(This is a clo	ose corporation pursuant to	o § 7-1.2-1701 o	f the Gen	eral Laws, 19	956, as amended.) (Strike if inappl	icable.)	
2.	The profession to be p	oracticed through the	professional	service	corporation	on is Practice of Law		
3. The total number of shares which the corporation has authority to issue is:								
	(a) If only one class: To	otal number of shares	100					
				<u>or</u>				
	limitations, or restrictions respect of any class or o	of them, which are per classes of shares of the pority as it may then be	mitted by the percent corporation a	provisions and the fi	s of Chapte xing of which	ghts, including voting rights, ar r 7-1.2 of the General Laws, 19 ch by the articles of association rectors to fix by vote or votes a	956, as a n is @≥ \$i	mended, in red, and an
							~-J	
4.	The address of the initial registered office of the corporation is						AM III	<u> </u>
						(Street Address, not P.O. Be	ox) 5	<u> </u>
	Providence	City/Town)	, RI	02906 (Zir	Code)	_ and the name of its initia	l registe	red agent
	at such address is _Jo	•		,_,	,			
		(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

Form No. 112 Revised 12/05

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		<u> </u>
-		
. The name and addr	ess of each incorporator is:	
	<u>Name</u>	<u>Address</u>
	·	
	<u>Name</u>	
	<u>Name</u>	
	<u>Name</u>	
John L. Calcagni II	<u>Name</u> II, 26C Sunset Avenue, Pro	vidence, RI 02909
John L. Calcagni II	<u>Name</u> II, 26C Sunset Avenue, Pro	vidence, RI 02909
John L. Calcagni II	<u>Name</u> II, 26C Sunset Avenue, Pro	vidence, RI 02909
John L. Calcagni II	<u>Name</u> II, 26C Sunset Avenue, Pro	e upon filing unless a specified date is provided which shall be no Under penalty of perjury, I/we declare and affirm that I/we
John L. Calcagni II	<u>Name</u> II, 26C Sunset Avenue, Pro	e upon filing unless a specified date is provided which shall be no Under penalty of perjury, I/we declare and affirm that I/we examined these Articles of Incorporation, including
John L. Calcagni II	<u>Name</u> II, 26C Sunset Avenue, Pro	e upon filing unless a specified date is provided which shall be no Under penalty of perjury, I/we declare and affirm that I/we examined these Articles of Incorporation, including
John L. Calcagni II These Articles of Inc. than the 90 th day aft	Name II, 26C Sunset Avenue, Pro corporation shall be effective ter the date of this filing	upon filing unless a specified date is provided which shall be no Under penalty of perjury, I/we declare and affirm that I/we examined these Articles of Incorporation, including accompanying attachments, and that all statements contains
John L. Calcagni II	Name II, 26C Sunset Avenue, Pro corporation shall be effective ter the date of this filing	upon filing unless a specified date is provided which shall be no Under penalty of perjury, I/we declare and affirm that I/we I examined these Articles of Incorporation, including accompanying attachments, and that all statements contains

M.C. Caldarone & Associates

75 Sockanosset Crossroad, Suite 202 Cranston, RI 02920 Phone (401) 944-1800 Fax (401) 944-1846

July 22, 2009

John Calcagni III 26C Sunset Avenue Providence, RI 02909

Regarding:

Professional Liability policy

Policy number: PENDING

Dear John,

I am pleased to offer the enclosed Lawyers Professional Liability quotation based upon your responses on your application. Please read this offer very carefully. To effect coverage:

- 1) Read each section of the Renewal Quotation carefully.
- 2) Circle the desired coverage 2. Premium Quotation
- Attach a check payable to M.C. Caldarone & Assoc for the down payment (if financing desired) or the full premium. If financing is desired you will be billed the remaining installments by Cananwill Finance
- 4) If any items are listed in 4. Special Instructions/Notes please respond accordingly.
- 5) Sign in 5. Terms
- 6) Sign in 6. Financing if you wish to finance.
- 7) Sign the Prior Acts exclusion acknowledging there is no coverage for any act which took place prior to 07/22/09
- 8) We will need to know the name of your firm and whether you are a sole propietor, Corporation, etc.
- 9) Return all documents to us with your check payable to M.C. Caldarone & Assoc.

Coverage will go into effect once the insurance company underwriters receive all of the above. Thank you for allowing us to serve you.

Sincerely,

John T. Caldarone

2009 SEP 17 AM 11: 16

Attorneys' Advantage Professional Liability Quotations

MCCALDARONE & ASSOCIATES Inc 75 SOCKANOSSET CROSSROAD Suite 202 CRANSTON, RI 02920 Client No.: Policy Period: **0272278000** Agent: **4**58041 7/22/2009 to 7/22/2010

Re: John L. Calcagni, III Attorney at Law

Policy Underwritten through Liberty Insurance Underwriters

j Instructions:

- Please review entire proposal.
- Please circle the desired limit and deductible.
- Please sign and date section 5 and return along with your check made payable to
 for the annual premium. If financing is selected, please remit your check for the down payment.
- This premium quotation is your invoice. Your coverage cannot be made effective until we receive your premium payment.
 Your submission of this form and/or our preliminary acceptance of payment do not guarantee coverage. Should this submission be determined ineligible for coverage, your payment will be refunded.

2 Benium Guardian

Limits of I	iability	Premium Financing at	12.5000 % APR		
Per Claim	Annual Aggregate	Deductible	Annual Premium	Down Payment	9 Monthly Payments
uote description: Per	Claim Deductil	ble			
\$500,000	\$1,000,000	\$1,000	\$613.00	\$123.00	\$57.92
\$500,000	\$1,000,000	\$2,500	\$574.00	\$115.00	\$54.25
\$500,000	\$1,000,000	\$5,000	\$548.00	\$110.00	\$51.77
\$500,000	\$1,500,000	\$1,000	\$639.00	\$128.00	\$60.40
\$500,000	\$1,500,000	\$2,500	\$600.00	\$120.00	\$56.73
\$500,000	\$1,500,000	\$5,000	\$574.00	\$115.00	\$54.25
\$1,000,000	\$1,000,000	\$1,000	\$766.00	\$153.00	\$72.45
\$1,000,000	\$1,000,000	\$2,500	\$726.00	\$145.00	\$68.67
\$1,000,000	\$1,000,000	\$5,000	\$700.00	\$140.00	\$66.19



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

