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 **Law Office of John L. Calcagni III, 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 **Practice of Law**

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:

SEP 17 AM 11:16

4. The address of the initial registered office of the corporation is **120 Wayland Avenue, Suite 7**
(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 **John L. Calcagni III** (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
SEP 17 2009
By
11:16
29-99007

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:

8. The name and address of each incorporator is:

Name	*Address*
John L. Calcagni III, 26C Sunset Avenue, Providence, RI 02909	

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 _____

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: _____

_____

_____

_____

Signature of each Incorporator

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***
3) 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

Attorneys' Advantage Professional Liability Quotations

MCCALDARONE & ASSOCIATES Inc
75 SOCKANOSSET CROSSROAD
Suite 202
CRANSTON, RI 02920

Client No.: **0272278000** Agent: 458041
Policy Period: 7/22/2009 to 7/22/2010

Re: John L. Calcagni, III Attorney at Law

Policy Underwritten through ***Liberty Insurance Underwriters***

1. 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. Premium Quotation:

Limits of Liability				Premium Financing at	12.5000 % APR
Per Claim	Annual Aggregate	Deductible	Annual Premium	Down Payment	9 Monthly Payments
Quote description: Per Claim Deductible					
$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

**** End of Coverage Options ****