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

2009 NOV 12 PM 2:44

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 Katherine Godin, 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 **Law**

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

(a) *If only one class:* Total number of shares **1,000**

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 **72 Clifford St., 3rd Floor**
(Street Address, not P.O. Box)

Providence (City/Town), RI **02903** (Zip Code) and the name of its initial registered agent at such address is **Katherine Godin**
(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
NOV 12 2009 2:44 pm
By
62741

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*
Katherine Godin	**72 Clifford St., 3rd Fl**
	Providence, RI 02903

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: **11/10/09**

_____

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: LPA298510-019 **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: The Law Office of Katherine Godin, Inc.

72 Clifford St. 3rd Floor
Providence, RI 02903

The Named Insured is:

___	Individual	___	Partnership
_X_	Corporation	___	Limited Liability Partnership
___	Limited Liability Corporation	___	Other

POLICY PERIOD: From: 11/10/2009 To: 11/10/2010
(12:01 A.M. at the Named Insured s address set forth above)

LIMIT OF LIABILITY: $250,000 Each Claim
$500,000 Aggregate

DEDUCTIBLE: $2,500 Each Claim

PREMIUM: $622.00

ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

LIU3000 (04/02) LIU3023 (04/02)
LIU3002 (04/02) LIU3014 (04/02) LIU3022 (04/02)

This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and al 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

November 11, 2009
Issue Date

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:

November 12, 2009 2:44 PM

A. RALPH MOLLIS

Secretary of State

40165-1-227541