

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 Ocean State Orthodontics, 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 Orthodontic Practice

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

(a) *If only one class:* Total number of shares 8,000

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 171 Broadway
(Street Address, not P.O. Box)

Providence, RI 02903 and the name of its initial registered agent
(City/Town) (Zip Code)

at such address is James A. Iacoi
(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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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:

NONE

Multiple horizontal lines for additional provisions.

8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
James A. Iacoi, c/o Calenda & Iacoi Ltd.,	171 Broadway, 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 _____

Date: Feb 1 2010
January __, 2009

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.

Handwritten signature on a line.

Signature of each Incorporator

AMERICAN ASSOCIATION OF ORTHODONTISTS INSURANCE COMPANY
 (A Risk Retention Group)
 P.O. Box 306, Montpelier, VT 05601

ORTHODONTIST PROFESSIONAL LIABILITY DECLARATIONS

PRODUCER

Infinity Insurance Services, Inc.
 59 E. County Line Road
 Hatboro, PA 19040-1218

POLICY NUMBER: PLC95RI00003-15

RENEWAL OF NUMBER:

NAMED INSURED AND MAILING ADDRESS

Dr. William M. Gordon
 840 Tiogue Avenue
 Coventry RI 02816-6104

THE NAMED INSURED IS: A Sole Practitioner
 The NAMED INSURED is duly registered and licensed to practice as an orthodontist under the laws of all jurisdictions in which he/she practices

POLICY PERIOD FROM: 07/10/09 **TO:** 07/10/10 **RETROACTIVE DATE** 03/04/90
 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

THIS IS A CLAIMS MADE POLICY. Except as otherwise provided herein, this policy covers only claims first made against the insured during the Policy Period. *Please read carefully.*

LIMITS OF COVERAGE

EACH OCCURRENCE LIMIT	\$1,000,000
GENERAL AGGREGATE LIMIT	\$3,000,000

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGES AS STATED IN THIS POLICY.

PREMIUM: \$2,575.00

PATIENT CONTRIBUTION FUND (IN. & LA. Only):

CAPITAL CONTRIBUTION:

FORMS AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE:
 AAOIC-PLCM (04/08) AAOIC-EBX (11/08)

SIGNED

7/14/09
 Date

BY

T. R. Pracht, P.D.S.

Chairman, Board of Directors

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

AMERICAN ASSOCIATION OF ORTHODONTISTS INSURANCE COMPANY
 (A Risk Retention Group)
 7975 N. Hayden Rd., Ste. B204, Scottsdale, AZ 85258

ORTHODONTIST PROFESSIONAL LIABILITY DECLARATIONS

PRODUCER

Affinity Insurance Services, Inc.
159 E. County Line Road
Hatboro, PA 19040-1218

POLICY NUMBER: PLC05RI00025-06

RENEWAL OF NUMBER:

NAMED INSURED AND MAILING ADDRESS

Dr. Frank A. DeQuattro
24 Salt Pond Road, Ste. C-1
Wakefield RI 02879

THE NAMED INSURED IS: A Sole Practitioner

The NAMED INSURED is duly registered and licensed to practice as an orthodontist under the laws of all jurisdictions in which he/she practices

POLICY PERIOD FROM: 01/01/10 TO: 01/01/11 RETROACTIVE DATE 08/31/00
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

THIS IS A CLAIMS MADE POLICY. Except as otherwise provided herein, this policy covers only claims first made against the insured during the Policy Period. *Please read carefully.*

LIMITS OF COVERAGE

EACH OCCURRENCE LIMIT	\$1,000,000
GENERAL AGGREGATE LIMIT	\$3,000,000

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AAOIC-PLCM (04/08) AAOIC-EBX (11/08)

SIGNED

1/14/10
Date

BY

T. R. Pracht, D.D.S.

Chairman, Board of Directors

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This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

William M. Gordon, DMD
840 Tiogue Ave
Coventry, RI 02816
(401) 828-1171
Fax (401) 828-4704

Date: 1-27-10

Number of pages (including cover): 3
Attention: Jim Iacoi

Fax: 679-0280

From: Dr. William Gordon

Regarding:

AMERICAN ASSOCIATION OF ORTHODONTISTS INSURANCE COMPANY
(A Risk Retention Group)
P.O. Box 306, Montpelier, VT 05601

Attached to and Forms a Part of Policy Number	Endorsement Effective			Endorsement No. 1 Insured	Agency and Code
	MO	Day	Year		
PLC95RI00003-15	07	10	09	Dr. William M. Gordon	Affinity Insurance Services, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Exclusions Endorsement

SECTION II. EXCLUSIONS: of the policy has been amended to include the following:

In addition to other limitations of this policy, this insurance does not apply:

- V. To any **injury** or **damages** arising from the administration of any drugs or other pharmaceutical products for cosmetic or similar purposes, including; but not limited to Botox or other similar injectable products.

Except as modified by this endorsement, all other terms and conditions of this policy remain unchanged.

T. R. Pracht, P.D.S.
Chairman, Board of Directors

7/14/09
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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

