

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

2010 AUG 30 AM 10:43  
SECRETARY OF STATE  
CORPORATIONS DIV

**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 MARY ANN ALLEN, PVM, 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 Veterinary Medicine

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:

4. The address of the initial registered office of the corporation is 580 ST. PAUL STREET  
(Street Address, not P.O. Box)

NORTA SMITHELD, RI 02816 and the name of its initial registered agent  
(City/Town) (Zip Code)

at such address is MICHAEL P. FLYNN  
(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**

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BY 125419 10:43

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:

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8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
MARY ANN ALLEN	104 LEWIS BLVD DANIELSON, CT
_____	_____
_____	_____

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> 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: 8-25-10

Mary Ann Allen

Signature of each Incorporator

Sponsored by

**A V M A**

**Veterinary Professional Liability Insurance Policy**

**Certificate of Insurance**



This policy provides occurrence coverage. Please review the policy carefully.

**ZURICH**

ITEM 1: Insured by the stock company below and hereinafter called the

U-VPL-103-A-CW (07-07)

**P L I T**

Company Zurich American Insurance Company

ITEM 2: Named Certificate Holder, member number, IRC, and address

Mary Ann Allen, DVM  
264 Croff Road  
Pascoag, RI 02859-1200  
|||||

Master Policy Number: FOI 5241302-05  
Certificate Number: 062356

**FOR INFORMATION OR TO FILE A CLAIM  
PLEASE CALL (800) 228-7548**

ITEM 3: Policy Period From: 1/01/2010 To: 1/01/2011  
12:01 am Standard time at the address of the Named Certificate Holder as stated herein

ITEM 4: Limits of Liability  
Each claim \$ 300,000  
Aggregate \$ 900,000

Member Name ALLEN MARY ANN DR  
Member No. 102820  
IRC 17  
Class IV

ITEM 5: Premium and coverage summary

Liability \$ 202.00  
TOTAL DUE: \$ 202.00

ITEM 6: Forms Attached at Issuance: U-VPL-103-A-CW (07-07), U-VPL-100-A-CW (07-04), U-VPL-138-A-RI (10-04), U-GC-319-E (05-96)

ITEM 7: Schedule of Plan Numbers and location(s) for Veterinary Professional Bailee Extension Endorsement (if purchased):  
For additional locations, please see the attached page

Location Number/Address  
*Plan Number (VPL) also please*  
*Plan 12-23-01*  
*Plan 12-23-201*

ITEM 8: Veterinary License Defense Coverage endorsement (if purchased): Limit: \$

Authorized Signature

*Michael A. West*

Notice to the Company:

Zurich North American-Specialties Claims  
Attn: Professional Liability Claim Department  
P.O. Box 307010, Jamaica, NY 11430-7010

This Certificate of Insurance is issued off the Master Policy held by the American Veterinary Medical Association (A.V.M.A) Professional Liability Insurance Trust. By acceptance of this policy the Named Certificate Holder agrees that the statements in the certificate and the application and any attachments hereto are the Named Certificate Holder's agreements and representations and that this policy embodies all agreements existing between the Named Certificate holder & the Company or any of its representatives relating to this insurance.