

Filing and License Fee: \$230.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

2013 JAN -9 AM 11:32
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 Lime Rock Medical 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 Nurse Anesthetist

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

(a) If only one class: Total number of shares 500
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:

25 Southwick Drive

(Street Address, not P.O. Box)

Lincoln

(City/Town)

, RI 02865

(Zip Code)

and the name of its initial registered agent at

such address is Gerry M. McVeigh

(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

JAN 09 2013

BY [Signature] 187135
11:32

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

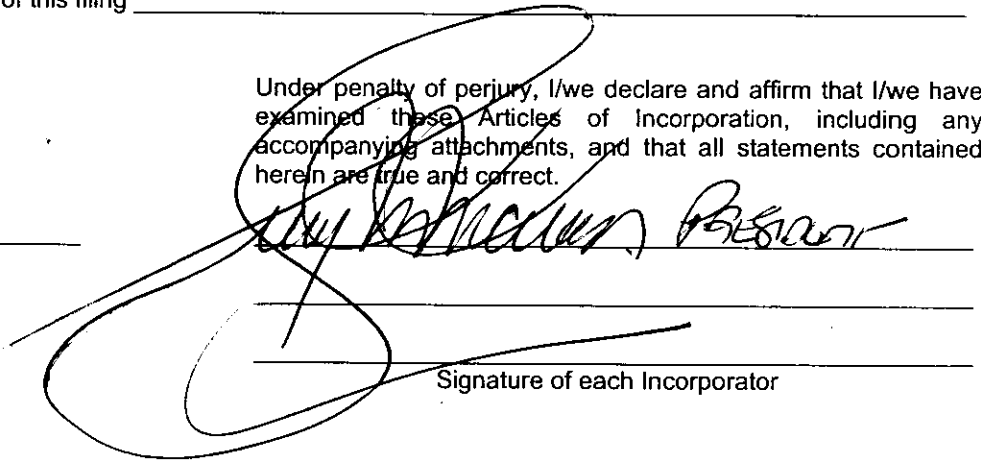
8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>Gerry M. McVeigh</u>	<u>25 Southwick Dr. Lincoln, RI 02865</u>
_____	_____
_____	_____

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: 1/7/2013



Signature of each Incorporator

**MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION OF RHODE ISLAND
POLICY DECLARATIONS**

Former JUA Policy No.

NAMED INSURED AND ADDRESS (No., Street, City, State and Zip Code) JUA Policy No. 28684

INSURED

Gerry McVeigh Diploma in Nurse Anesthesia
25 Southwick Drive
lincoln RI, 02865

Full-Time

Part-Time

BROKER

No Agency

Specialty Code 80960

POLICY PERIOD			
From 3/21/2012	To 3/21/2013	12:01 A.M. Standard Time at the address of the Named Insured	Total Advance Premium <u>\$2,207.00</u>

LIABILITY INSURANCE		LIMITS OF INSURANCE (Thousands of Dollars)		ADVANCE PREMIUMS
Physicians, Surgeons & Dentists* Occurrence	<input checked="" type="checkbox"/>	Each Medical Incident/Business Entity Incident \$1,000	Aggregate \$3,000	\$2,207.00
Claims-Made:RetroDate	<input type="checkbox"/>			
Hospital Professional Liability Occurrence	<input type="checkbox"/>	Each Medical Incident	Aggregate	
Claims-Made:RetroDate	<input type="checkbox"/>			
Commercial General Liability Occurrence	<input type="checkbox"/>	SEE JUA-70		
Personal Injury Liability Occurrence	<input type="checkbox"/>		Aggregate	
Claims-Made:RetroDate	<input type="checkbox"/>			
Employee Benefits Liability Claims-Made:RetroDate	<input type="checkbox"/>	SEE JUA-68		
Endorsements made part of this policy at time of issue (identify by #) JUA-20 (6-11) JUA 40 (01-08) JUA-69 (6-11) JUA 24 (10-05) JUA 19 JUA 53 (01-08)				

Joseph B. Leaky

Assistant Secretary

*This coverage applies to other qualifying health care professionals and entities.