

Filing Fee: \$150.00

ID Number: 195012

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode island 02903-1335

BUSINESS CORPORATION

ARTICLES OF INCORPORATION
(To Be Filed In Duplicate Original)

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is ARIEL LAW ASSOCIATES LTD.
(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The period of its duration is (if perpetual, so state) Perpetual

3. The specific purpose or purposes for which the corporation is organized are:

to engage in the practice of law and to provide conflict resolution services, and to conduct any other lawful purpose as may be authorized under R.I. General Laws 7-5.1-1 et seq. and 7-1.1-1 et seq., as amended.

4. The aggregate number of shares which the corporation shall have authority to issue is:

(a) *If only one class:* Total number of shares 100 (if the authorized shares are to consist of one class only state the par value of such shares or a statement that all of such shares are to be without par value.):

No par

or

(b) *If more than one class:* Total number of shares _____ (State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of Chapter 7-1.1 of the General Laws, 1956, as amended, in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.):

5. Provisions, if any, dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956, as amended:

NONE

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6. Provisions, if any, for the regulation of the internal affairs of the corporation:

NONE.

7. The address of the initial registered office of the corporation is 1130 Ten Rod Road, Suite F204
(Street Address, not P.O. Box)
North Kingstown RI 02852 and the name of its initial registered agent
(City/Town) (Zip Code)
at such address is Christine W. Ariel, Esq.
(Name of Agent)

8. The number of directors constituting the initial board of directors of the corporation is 0 and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are: (If this is a close corporation pursuant to Section 7-1.1-51 of the General Laws, 1956, as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	Christine W. Ariel	61 Steamboat Street, Jamestown, RI 02835

9. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Christine W. Ariel	61 Steamboat Street, Jamestown, RI 02835

10. Date when corporate existence is to begin upon filing
(not prior to, nor more than 30 days after, the filing of these articles of incorporation)

Date: 5/16/02

Christine W. Ariel
Signature of each Incorporator

STATE OF Rhode Island
COUNTY OF Newport

In Jamestown on this 16th day of May 2002 personally
appeared before me Christine W. Ariel each
and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged
said instrument by them subscribed to be their free act and deed.

Kimberly A. Turcone
Notary Public
My Commission Expires: _____

KIMBERLY A. TURCONE
NOTARY PUBLIC
STATE OF RHODE ISLAND
COMMISSION EXPIRES
SEPTEMBER 27, 2003

Policy No.: **AP 37992855**
Replacement No.: **000000000**

TIG Insurance Company
Administrative Office, Irving, Texas 75039

DECLARATIONS

THIS LAWYERS PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS. THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD, OR DURING ANY APPLICABLE EXTENDED CLAIM REPORTING PERIOD, AS DEFINED IN THIS POLICY, BY REASON OF ANY ACT, ERROR, OMISSION OR PERSONAL INJURY ARISING FROM PROFESSIONAL SERVICES RENDERED OR WHICH SHOULD HAVE BEEN RENDERED PRIOR TO THE EXPIRATION OF THE POLICY PERIOD AND SUBSEQUENT TO THE RETROACTIVE DATE, IF ANY. PLEASE NOTE THAT PAYMENT OF CLAIMS EXPENSES AND DAMAGES SHALL REDUCE THE LIMITS OF LIABILITY.

1. NAMED INSURED & PRINCIPAL ADDRESS: **Christine W. Ariel**
1130 Ten Rod Road
Suite: F204
North Kingstown, RI 02852-4172
2. POLICY PERIOD: **3/06/2002** TO: **3/06/2003** AT 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN ABOVE
INCEPTION EXPIRATION
3. NAME OF EACH LAWYER: **Christine W. Ariel** SOCIAL SECURITY NUMBER:

PLEASE SEE ATTACHED SCHEDULE IF MORE THAN FIVE LAWYERS.

4. DEDUCTIBLE: **\$1,000** EACH CLAIM
5. LIMITS OF LIABILITY:
A) **\$500,000** EACH CLAIM
B) **\$1,000,000** AGGREGATE
6. PREMIUM:
A) **\$1,589.00** POLICY PREMIUM
B) **\$.00** STATE SURCHARGE (IF APPLICABLE)
C) **\$.00** TAX (IF APPLICABLE)
D) **\$1,589.00** TOTAL
7. RETROACTIVE DATE: **NONE**

THIS POLICY DOES NOT PROVIDE COVERAGE FOR ANY ACT, ERROR, OMISSION OR PERSONAL INJURY ARISING FROM PROFESSIONAL SERVICES RENDERED OR WHICH SHOULD HAVE BEEN RENDERED PRIOR TO THE RETROACTIVE DATE STATED ABOVE.

8. SOLE AGENT: **Christine W. Ariel**
9. ENDORSEMENTS ATTACHED AT POLICY ISSUANCE INCLUDE:
AP25740 (03/98) ZC18558D (04/99) AP23781 (06/95) AP25691 (01/98) AP26748 (03/00) AP26813RI(06/01)
10. NOTICE OF CLAIM SHALL BE SENT TO: **TIG Specialty Insurance Solutions**
125 S. Wacker
Suite 700
Chicago, IL 60606
ATTN: Lawyers Liability Claims

COPY

THIS POLICY IS NOT VALID UNTIL SIGNED BY OUR AUTHORIZED REPRESENTATIVE.

February 28, 2002
ISSUE DATE
AP 23772


AUTHORIZED REPRESENTATIVE