

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

2014 FEB 26 PM 12:34
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 7-1.4 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 CENTER OF NEW ENGLAND PRIMARY CARE, 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 Medical Services

3. The total number of shares which the corporation has authority to issue is:
(a) If only one class: Total number of shares 10,000.00

(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:
117 Metro Center Blvd., Suite 2001
(Warwick, RI 02886)
and the name of its initial registered agent at such address is Michael J. Lepizzera, Jr., Esq.

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 [Signature] 12:34

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:

<u>Name</u>	<u>Address</u>
Michael J. Lepizzera, Jr., Esq.	117 Metro Center Blvd., Suite 2001,
_____	_____
_____	_____

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: 2/25/2014

Michael J. Lepizzera, Jr.
Signature of each Incorporator



CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed below.

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Certificate Holder Center of New England Primary Care 775 Centre of New England Boulevard West Greenwich, Rhode Island 02817		Name and Address of Insured Center of New England Primary Care 775 Centre of New England Boulevard West Greenwich, Rhode Island 02817													
Current Medical Specialty: Organization		The above Insured is: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens													
Policy Number 709321	Insured's Effective Date 01/01/2014	Insured's Expiration Date 01/01/2015	Insured's Retroactive Date 05/01/2009												
Coverage and Limits of Liability and Reimbursement Provided <input type="checkbox"/> Shared Limits of Liability and Reimbursement <input checked="" type="checkbox"/> Separate Limits of Liability and Reimbursement															
<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance - Claims Made <input checked="" type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below. <table border="0"> <tr> <td colspan="2">LIMITS OF LIABILITY:</td> <td colspan="2">DEDUCTIBLE:</td> </tr> <tr> <td>\$ 1,000,000</td> <td>Each Claim</td> <td>\$ NIL</td> <td>Each Claim</td> </tr> <tr> <td>\$ 3,000,000</td> <td>Aggregate Limit per Policy Period</td> <td>\$ NIL</td> <td>Aggregate per Policy Period</td> </tr> </table>				LIMITS OF LIABILITY:		DEDUCTIBLE:		\$ 1,000,000	Each Claim	\$ NIL	Each Claim	\$ 3,000,000	Aggregate Limit per Policy Period	\$ NIL	Aggregate per Policy Period
LIMITS OF LIABILITY:		DEDUCTIBLE:													
\$ 1,000,000	Each Claim	\$ NIL	Each Claim												
\$ 3,000,000	Aggregate Limit per Policy Period	\$ NIL	Aggregate per Policy Period												
<input checked="" type="checkbox"/> COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made <table border="0"> <tr> <td>\$ 30,000</td> <td>Each Administrative Proceeding or Employment-Related Civil Action</td> </tr> <tr> <td>\$ 30,000</td> <td>Aggregate Limit per Policy Period</td> </tr> </table>				\$ 30,000	Each Administrative Proceeding or Employment-Related Civil Action	\$ 30,000	Aggregate Limit per Policy Period								
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This is to certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, discontinuation of insurance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.															
By: NORCAL Mutual Insurance Company		Issue Date: 02/06/2014													
 T. Scott Diener President		 Katherine H. Crocker Secretary													

1/1/2007



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

