

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

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CORPORATIONS DIV
2014 FEB 26 PM 12:33

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 CENTER OF NEW ENGLAND URGENT 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

(Street Address, not P.O. Box)

Warwick, RI 02886 and the name of its initial registered agent at
such address is Michael J. Lepizzera, Jr., Esq.

(City/Town)

(Zip Code)

(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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Conf # 254497



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.

Certificate Holder Center of New England Urgent Care 775 Centre of New England Boulevard West Greenwich, Rhode Island 02817		Name and Address of Insured Center of New England Urgent 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	Insured's Effective Date	Insured's Expiration Date	Insured's Retroactive Date
709480	01/01/2014	01/01/2015	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.			
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 \$ 30,000 Each Administrative Proceeding or Employment-Related Civil Action \$ 30,000 Aggregate Limit per Policy Period			
This is 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, declination of issuance, 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	

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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

