

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

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 FEB 11 AM 11:29
2014 FEB 26 AM 11:23

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 Contemporary Therapeutics, P.C.
(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 Psychiatry

3. The total number of shares which the corporation has authority to issue is:
(a) If only one class: Total number of shares 1,000
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:
One Citizens Plaza, 8th Floor
(Street Address, not P.O. Box)
Providence, RI 02903 and the name of its initial registered agent at
such address is Adler Pollock & Sheehan, P.C.
(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.

FILED

FEB 26 2014

By 49-218350

A. A. 11:23 A.M.

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:

See Attachment

Multiple horizontal lines for additional provisions.

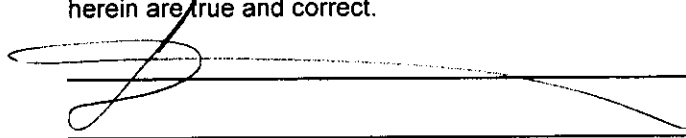
8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Christina M. Scola, Esq	One Citizens Plaza, 8th Floor, Providence, RI 02903
_____	_____
_____	_____

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 Immediately upon 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: FEBRUARY 9 2014

 _____

Signature of each Incorporator

ATTACHMENT TO ARTICLES OF INCORPORATION OF

Contemporary Therapeutics, P.C.

Article 7 of the Articles of Incorporation shall contain the following provisions:

Pursuant to §7-1.2-613 of Rhode Island General Laws, (1956) as amended, Stockholders shall have no pre-emptive rights.

(a) Action by the stockholders pursuant to Rhode Island General Laws, (1956), as amended, §7-1.2-707(b) is hereby authorized.

(b) No director or stockholder undertaking to exercise the responsibilities of a director shall have personal liability to the corporation or to its stockholders for monetary damages for breach of such director's or stockholder's duty as a director or, in the case of a stockholder, duty as a person undertaking to exercise the responsibilities of a director; provided that this provision shall not eliminate or limit the liability of such director or stockholder for: (i) any breach of such director's or stockholder's duty of loyalty to the corporation or its stockholders; (ii) acts or omissions not in good faith or which involved intentional misconduct or a knowing violation of law; (iii) liability imposed pursuant to the provisions of Rhode Island General Laws, 1956, as amended, §7-1.2-811; or (iv) any transaction from which such director or stockholder derived an improper personal benefit (unless said transaction is permitted by Rhode Island General Laws, 1956, as amended, §7-1.2-807.1).

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DARWIN NATIONAL ASSURANCE COMPANY
 A stock insurance company, incorporated under the laws of Delaware
 1690 New Britain Avenue, Suite 101, Farmington, CT 06032 (1-800-421-6694)

8/06/13 - A

CLAIMS-MADE PSYCHIATRISTS' PROFESSIONAL AND BUSINESS LIABILITY POLICY

THIS IS A CLAIMS-MADE POLICY - PLEASE READ CAREFULLY

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE SECTION V. (C), "MAXIMUM LIMIT OF LIABILITY - SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 0001-7489
 ITEM 1. (a) NAME AND ADDRESS OF INSURED:
 LAURA RUOFF, M.D.
 206 WATERMAN ST
 PROVIDENCE, RI 02906

ACCOUNT NO: RI-RUOL206-0 05654900
 ITEM 1. (b) ADDITIONAL NAMED INSUREDS:

**** MAILING ADDRESS ONLY ****
 LAURA RUOFF, M.D.
 59 HIGHLAND RD
 BRISTOL, RI 02809

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 SECRETARY OF STATE
 CORPORATIONS DIV

TYPE OF ORG: Individual

ITEM 2. ADDITIONAL INSUREDS:

ITEM 3. POLICY PERIOD FROM: 08/01/13 TO: 08/01/14
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN

ITEM 4. LIMITS OF LIABILITY:
 (a) \$ 1,000,000 PER-CLAIM - INSURING AGREEMENT A. (c) \$ 3,000,000 AGGREGATE
 (b) \$ 1,000,000 PER-CLAIM - INSURING AGREEMENTS B. (1) and B. (2) (d) \$ 50,000 PER PROCEEDING

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
Base Rate LAURA RUOFF, M.D.		1,802.00	
Child Discount	15 %		
P/T Discount	50 %		
New Business Discount	10 %		
Defense Limit charge			110.00
INSUREDS TOTAL			561.00
TOTAL PREMIUM:			561.00

ITEM 6. RETROACTIVE DATE: 08/01/13
 ITEM 7. EXTENDED REPORTING PERIOD
 ADDITIONAL PREMIUM (if exercised): \$ 1,122.00

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY

APA 00008 00 (6/2010) APA 00018 38 (06/2010)
 APA 00035 00 (6/10)

AUTHORIZED COMPANY REPRESENTATIVE

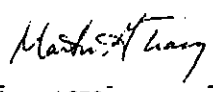
American Professional Agency * 95 Broadway, Amityville, NY 11701

THIS IS NOT A BILL. PREMIUM HAS BEEN PAID.
 APA 00005 00 (2/2012)

PSYCHIATRISTS PROFESSIONAL LIABILITY INSURANCE

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 provided by the insurance policy below.

1. NAME AND ADDRESS OF NAMED INSURED			
Rendueles Villalba, MD Butler Hospital Professional Group 345 Blackstone Blvd. Providence, RI 02906		The policy of insurance listed below has been issued to the named insured for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.	
2. COMPANY		3. POLICY NUMBER	4. CERTIFICATE NUMBER
Fair American Insurance and Reinsurance Company		GP - FCO00 - 033315813	600121
5. POLICY PERIOD			
From:	September 01, 2013 at 12:01 A.M. Standard Time	To:	August 01, 2014 at 12:01 A.M. Standard Time
Retro Date (Group):	N/A at 12:01 A.M. Standard Time	Retro Date (N.I.):	N/A at 12:01 A.M. Standard Time
6. TYPE OF INSURANCE		7. COVERED SPECIALTY	
Professional Liability		Psychiatry (MD)	
8. EFFECTIVE	LIMITS OF LIABILITY	COVERAGE	STATE/RATING AREA OTHER STATES
Professional Liability per claim/Business Liability per claim/Aggregate			
09/01/2013	\$1,000,000 / \$1,000,000 / \$3,000,000	Occurrence	RII
9. NAME AND ADDRESS OF CERTIFICATE HOLDER			
Rendueles Villalba, MD 345 Blackstone Blvd Providence, RI 02906		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.	
10. NAME AND ADDRESS OF ADMINISTRATOR			
Professional Risk Management Services, Inc. 1401 Wilson Boulevard, Suite 700 Arlington, VA 22209 Telephone: (800) 245-3333		<div style="text-align: right;">  _____ President and CEO </div>	
November 18, 2013 _____ Date			



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

