

Filing Fee \$50.00

ID Number: 487735



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2014 JUN 19 AM 10:03
SECRETARY OF STATE
CORPORATIONS DIV

BUSINESS CORPORATION

**ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION**

Pursuant to the provisions of Section 7-1.2-905 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is Harrington Law Group, Corporation
2. The shareholders of the corporation (or, where no shares have been issued, the board of directors of the corporation) on June 5, 2014, in the manner prescribed by Chapter 7-1.2 of the General Laws, 1956, as amended, adopted the following amendment(s) to the Articles of Incorporation:

[Insert Amendment(s)]

(If additional space is required, please list on separate attachment)

1st Amendment

Persuant to Article II, Rule 10 of the Supreme Court Rules, the Harrington Law Group is converted to a professional services corporation.

3. As required by Section 7-1.2-105 of the General Laws, the corporation has paid all fees and taxes.
4. These Articles of Amendment 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 declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/12/2014

Laura Harrington
Signature of Authorized Officer of the Corporation

FILED

Laura Harrington
Type or Print Name of Authorized Officer

JUN 19 2014

BY VL 226707
10:03

National Union Fire Insurance Company of Pittsburgh, Pa.®

175 Water Street
New York, NY 10038

LAWYERS PROFESSIONAL LIABILITY POLICY

POLICY NUMBER: 019586992-00

REPLACEMENT OF:

NOTICE

THIS IS A CLAIMS-MADE AND REPORTED FORM. EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS GENERALLY LIMITED TO LIABILITY FOR THOSE CLAIMS THAT ARE FIRST MADE AGAINST INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS THE POLICY REQUIRES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER TO DETERMINE WHAT IS AND WHAT IS NOT COVERED.

Terms appearing in bold type have special meanings. See the Definitions for more information

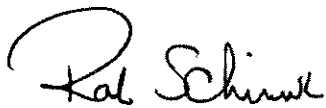
DECLARATIONS

ITEMS			
1 a.	NAME OF FIRM	(the "Firm")	Harrington Law Group, P.C.
		MAILING ADDRESS:	250 F Centerville Rd. Warwick, RI 02886
1 b.	PREDECESSOR FIRM(S)	(the "Predecessor Firm(s)")	As per Application
2	POLICY PERIOD	Inception Date:	06/15/2014
		Expiration Date:	06/15/2015
		12:01 A.M. at the address stated in Item 1 above.	

ITEMS (continued)	
3	LIMIT OF LIABILITY
	(a) per Claim \$ 1,000,000
	(b) Aggregate \$ 2,000,000
	(c) Separate Limit of Liability - Disciplinary Proceedings \$ 25,000
4	RETROACTIVE DATE 06/01/2008
5	DEDUCTIBLE
	each Claim: \$ 5,000
6	TOTAL PREMIUM \$ 2,565
7	Name and Address for Notice/Claims Reporting: YORKPro, Inc. One Whitehall Street, 14 th Floor New York, New York 10004 Reference: 019586992-00
8	Name and Address of Insurer: National Union Fire Insurance Company of Pittsburgh, Pa. 175 Water Street New York, NY 10038
	Producer: AFPD , a division of NSM Insurance Group Producer Code 64573 Address: 555 North Lane, Suite 6060, Conshohocken, PA 19428

ADDENDUM TO THE DECLARATIONS

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.



Robert Schimek
PRESIDENT



Denis M. Butkovic
SECRETARY

Granite State Insurance Company
The Insurance Company of the State of Pennsylvania
Illinois National Insurance Co.
New Hampshire Insurance Company
American Home Assurance Company
National Union Fire Insurance Company of Pittsburgh, Pa.
Commerce and Industry Insurance Company

This Policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurer, either below or on the Declarations page of the Policy.



Ethan D. Allen
AUTHORIZED REPRESENTATIVE



06/11/2014

COUNTERSIGNATURE DATE

Conshohocken, PA

COUNTERSIGNED AT