

Filing and License Fee: \$310.00 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 JUL 17 PM 1:01
STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is The Neurosurgery Center of Southern New England P.C.
2. It is incorporated under the laws of Massachusetts
3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

- 4. The date of its incorporation is July 15, 2014 and the period of its duration is perpetual
5. The address of its principal office is 255 Promenade Street, No. 243, Providence, Rhode Island 02903
6. The address of its proposed registered office in Rhode Island is 1 Citizens Plaza, 8th Floor

Providence RI 02903-1345 and the name of its proposed registered agent in Rhode Island at that address is Adler Pollock & Sheehan P.C.

- 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: The practice of neurosurgery.

- 8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Table with 2 columns: Name, Address. Row 1: Charles W. Kanaly, M.D., 255 Promenade Street, No. 243, Providence, RI 02903. Row 2: 1:01 pm. Row 3: FILED. Row 4: JUL 17 2014.

Form No. 150 Revised: 06/11 By 228705 KM

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>Charles W. Kanaly</u>	<u>255 Promenade Street, No. 243, Providence, RI 02903</u>
Vice President	_____	_____
Treasurer	<u>Charles W. Kanaly</u>	<u>255 Promenade Street, No. 243, Providence, RI 02903</u>
Secretary	<u>Charles W. Kanaly</u>	<u>255 Promenade Street, No. 243, Providence, RI 02903</u>


9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>8,000</u>	_____	_____	<u>no par value</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. (a) \$ 0 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c) 0 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*
11. (a) \$ 0 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$ 0 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
- (c) 0 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority 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 this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 7/16/14



Signature of Authorized Officer of the Corporation

Charles W. Kanaly, M.D.

Type or Print Name of Authorized Officer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: July 14, 2014

To Whom It May Concern :

I hereby certify that according to the records of this office,

THE NEUROSURGERY CENTER OF SOUTHERN NEW ENGLAND P.C.

is a domestic corporation organized on **July 15, 2014** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 14078512410

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: smc



ProSelect Insurance Company

**REGULATORY LIABILITY AND INFORMATION SECURITY &
PRIVACY COVERAGE SCHEDULE**

POLICY NUMBER: 2-22678

ITEM 1. NAMED INSURED: **PMG ID#:** A115995 **PRODUCER:** **PRODUCER ID#:** GRI0012
 Charles W. Kanaly, M.D.
 118 Dudley St. Lower Level
 Providence, RI 02905
 Donna DiBiasio
 P O Box 6852
 Providence, RI 02940
 Phone: 401-885-9889

ITEM 2. POLICY PERIOD: 08/15/2013 to 08/15/2014 at 12:01 A.M. Standard Time at Named Insured address above.

ITEM 3. SUPPLEMENTARY PAYMENTS RETROACTIVE DATE: 08/15/2011

ITEM 4. LIMITS OF COVERAGE **LIMIT OF LIABILITY**

A. Limit of liability applicable to **Coverage A**. This limit is part of, and not in addition to, the **AGGREGATE LIMIT OF LIABILITY**. \$50,000

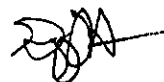

B. (1) PRIVACY BREACH RESPONSE AGGREGATE LIMIT OF COVERAGE for all events first discovered by the INSURED and reported to US during the POLICY PERIOD	NOTIFIED INDIVIDUALS in the aggregate		
	Per Single INSURED	GROUP SIZE	Maximum NOTIFIED INDIVIDUALS
	5,000	1	5,000
		2-20	50,000
	21 or more	100,000	

(2) Aggregate sublimit of coverage available to **Coverage B(1)(a)**. This limit is part of, and not in addition to, the **AGGREGATE LIMIT OF LIABILITY**. \$50,000

C. Limit of liability applicable to **Coverage C**. This limit is part of, and not in addition to, the **AGGREGATE LIMIT OF LIABILITY**. \$50,000

D. Limit of liability applicable to **Coverage D**. This limit is part of, and not in addition to, the **AGGREGATE LIMIT OF LIABILITY**. \$50,000

E. (1) Practitioner Regulatory Aggregate Limit of Liability applicable to Coverage E . This limit is part of, and not in addition to, the AGGREGATE LIMIT OF LIABILITY .	GROUP SIZE	Aggregate Limit
	1-14	\$50,000
	15 or more	\$100,000

Gregg L. Hanson
President & CEO

Janice W. Allegretto
Asst. Sec.



ProSelect Insurance Company

(2) Per INSURED Limit of Liability applicable to Coverage E. This limit is part of, and not in addition to, the Practitioner Regulatory Aggregate Limit of Liability.	\$50,000	
(3) Sublimit of liability applicable to DISCIPLINARY PROCEEDINGS under Coverage E. This sublimit is part of, and not in addition to, the Per INSURED Limit of Liability applicable to Coverage E.	\$25,000	
F. Limit of liability applicable to Coverage F. This limit is part of, and not in addition to, the AGGREGATE LIMIT OF LIABILITY.	\$50,000	
G. Limit of liability applicable to Coverage G. This limit is part of, and not in addition to, the AGGREGATE LIMIT OF LIABILITY.	\$50,000	
H. Limit of liability applicable to Coverage H. This limit is part of, and not in addition to, the AGGREGATE LIMIT OF LIABILITY.	\$25,000	
I. AGGREGATE LIMIT OF LIABILITY for Coverages A, B (1)(a), C, D, E, F, G and H (Aggregate for all coverages combined, including CLAIMS EXPENSES)	\$50,000	
J. Maximum Aggregate Limit of Liability for Coverages A, B (1)(a), C, D, E, F, G and H	GROUP SIZE	Aggregate Limit
	1	\$50,000
	2-10	\$100,00
	11-20	\$150,000
	21 or more	\$250,000

The PRIVACY BREACH RESPONSE AGGREGATE LIMIT OF COVERAGE and the sublimit set forth in 4.B.(1) above is separate from and in addition to the AGGREGATE LIMIT OF LIABILITY.

ITEM 5. DEDUCTIBLES

A. Coverages A, C and D: Each CLAIM Deductible (including each CLAIM in the form of a REGULATORY PROCEEDING) including CLAIMS EXPENSES	GROUP SIZE	Deductible
	1-20	\$1,000
	21 or more	\$5,000
B. Coverage B: Each event or related events giving rise to an obligation to provide PRIVACY BREACH RESPONSE SERVICES:		
	(1) Costs for services under Coverages B(1)(a) and B(1)(b) combined	GROUP SIZE
	1-20	\$1,000

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(2) Services provided under Coverage B(1)(c)	21 or more	\$5,000
	GROUP SIZE	Breaches involving an obligation to notify fewer than:
	1-20	50 individuals
	21 or more	100 individuals
C. Coverage E: Each CLAIM Deductible, including CLAIMS EXPENSES	GROUP SIZE	Deductible
	1-14	\$1,000
	15 or more	\$5,000
D. Coverage F: Each EXTORTION THREAT Deductible	GROUP SIZE	Deductible
	1-20	\$1,000
	21 or more	\$5,000
E. Coverage G: Each SECURITY BREACH Deductible	GROUP SIZE	Deductible
	1-20	\$1,000
	21 or more	\$5,000
F. Coverage H: Each PUBLIC RELATIONS EVENT Deductible	GROUP SIZE	Deductible
	1-20	\$1,000
	21 or more	\$5,000
ITEM 6. PREMIUM:	Included	

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Asst. Sec.



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

