RI SOS Filing Number: 201562006350 Date: 05/28/2015 10:24 AM

Filing and License Fee: $230.00 minimum **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

2015 MAY 12 AM 10:29
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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 7-1.2 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 **RGCRNA, PC**

(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 **Nursing**

3. The total number of shares which the corporation has authority to issue is:

(a) *If only one class:* Total number of shares **1**

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:

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CORPORATIONS DIV

4. The address of the initial registered office of the corporation is **222 Jefferson Blvd., Suite 200**
(Street Address, not P.O. Box)

Warwick (City/Town), RI **02888** (Zip Code) and the name of its initial registered agent

at such address is **United States Corporation Agents, Inc.** (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
MAY 28 2015
By 249749
A.A. 10:24 A.M.

Form No. 112
07/05

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:

Name	*Address*
Raymond A. Gazaille	95 Lebrun Ave., Woonsocket, RI 02895

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: 5/5/15

Raymond A. Gazaille

Signature of each incorporator

ACORD. CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY): 4/10/2015

PRODUCER

AANA Insurance Services
116 S. Prospect Avenue
Park Ridge, IL 60068
Diane M. Keegan
Phone No. 800-343-1368 Fax No. 800-547-2220

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 POLICIES BELOW.

INSURED GAZARA1

Raymond Albert Gazaille
RGCRNA, PC
95 Lebrun Ave.
Woonsocket,RI 02895

COMPANIES AFFORDING COVERAGE

COMPANY A: The Medical Protective Company
COMPANY B:
COMPANY C:
COMPANY D:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
	COMPREHENSIVE FORM				BODILY INJURY OCC	$
	PREMISES/OPERATIONS				BODILY INJURY AGG	$
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC	$
	PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE AGG	$
	CONTRACTUAL				BI & PD COMBINED OCC	$
	INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG	$
	BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG	$
	PERSONAL INJURY					
	AUTOMOBILE LIABILITY					
	ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS (Private Pass)				BODILY INJURY (Per accident)	$
	ALL OWNED AUTOS (Other than Private Passenger)				PROPERTY DAMAGE	$
	HIRED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL / EXCL				EL EACH ACCIDENT	$
					EL DISEASE – POLICY LIMIT	$
					EL DISEASE – EA EMPLOYEE	$
A	OTHER Professional Liability	B05302	5/4/2015	5/4/2016	Occurrence $ See below Aggregate $ See below	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Insured: Raymond Albert Gazaille; CRNA; Full-Time
Limits: RI-$1,000,000/$3,000,000;
Sep.Limits: N; Occurrence;

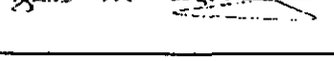
CERTIFICATE HOLDER

Raymond Albert Gazaille
RGCRNA, PC
95 Lebrun Ave.
Woonsocket,RI 02895

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE 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

AUTHORIZED REPRESENTATIVE



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

May 28, 2015 10:24 AM

Nellie M. Gorbea
Secretary of State

121301-1-442432