



**State of Rhode Island and Providence Plantations**  
**Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAR 30 PM 1:15

**Article of Incorporation**  
**Professional Service Corporation**  
Filing Fee: \$230.00 minimum

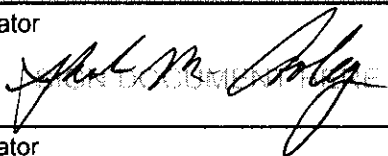
The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:		
Higgins Dermatology, Ltd		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. The profession to be practiced through the professional service corporation is:		
dermatology medicine		
3. The total number of shares which the corporation has the authority to issue is: (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
1000	Common	No par value
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional):		
Check this box to indicate an attachment. <input type="checkbox"/>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name H. William Higgins, II		
Street Address (NOT a P.O. Box) 330 Blackstone Blvd.		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

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5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.			
6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:			
Check this box to indicate an attachment. <input type="checkbox"/>			
7. The name and address of each incorporator is:			
Name Sheila M. Cooley		Address 178 Division Street	
City/Town East Greenwich	State Rhode Island	Zip Code 02818	
Name		Address	
City/Town	State	Zip Code	
Name		Address	
City/Town	State	Zip Code	
Name		Address	
City/Town	State	Zip Code	
8. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX			
<input checked="checked" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of 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.			
Signature of Incorporator 		Date 3/29/16	
Signature of Incorporator SIGN DOCUMENT HERE		Date	
Signature of Incorporator SIGN DOCUMENT HERE		Date	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



**Medical Professional Mutual Insurance Company**  
One Financial Center, P.O. Box 55178, Boston, MA 02205  
Phone: 800.225.6168 Fax: 617.428.9801

**COMMON POLICY DECLARATIONS**  
**New Business Declarations**

<b>FIRST NAMED INSURED AND ADDRESS:</b> Higgins Dermatology Ltd 57 Prospect St Nantucket, MA 02554	<b>PARTY ID:</b> 628421	<b>PRODUCER:</b> Crosbie-MacDonald Agency A Division of Starkweather and Shepley PO Box 549 Providence, RI 02901 Phone: 617-523-4500	<b>PRODUCER ID:</b> 11162
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<b>POLICY PERIOD:</b> 02/01/2016 to 02/01/2017 at 12:01 A.M. Standard Time at Named Insured address Above	<b>DESCRIPTION OF BUSINESS:</b> Corporation
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**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.**

**\*\*\*THE POLICY SHALL NOT BE EFFECTIVE UNLESS THE FIRST INSTALLMENT PAYMENT\*\*\*  
\*\*\*IS RECEIVED ON OR BEFORE THE DUE DATE DISPLAYED ON THE INVOICE.\*\*\***

**COMMERCIAL LIABILITY POLICY**

**POLICY No: 001MA000013779**

**FORMER POLICY No: N/A**

Coverage Parts	Coverage Type / Retroactive Date	Limits		Deductibles
Healthcare Entity Professional Liability	Occurrence	\$2,000,000	Per Claim	Not Applicable
		\$6,000,000	Aggregate	
Class Code - Specialty	80999 - Partnership/Corporation			
Limits of Insurance				
Sexual Misconduct Legal Expense Reimbursement		\$100,000	Per Proceeding	Not Applicable
		\$100,000	Aggregate	
Professional Conduct Review		\$25,000	Per Proceeding	Not Applicable
		\$25,000	Aggregate	

**FORMS AND ENDORSEMENTS**

COM 001 07/14	Common Policy Terms
COM 002 MA 07/14	Massachusetts Mandatory Amendments Endorsement
FPL 001O 07/14	Entity Medical Professional Liability - Occurrence Form
SMD 001C 07/14	Sexual Misconduct Legal Expense Coverage Part
PLR 001C 07/14	Professional Conduct Review Coverage Part

**COMMERCIAL LIABILITY POLICY PREMIUM:**

**\$656**

Gregg L. Hanson  
President & CEO

Richard G. Hayes  
Treasurer



**Medical Professional Mutual Insurance Company**  
One Financial Center, P.O. Box 55178, Boston, MA 02205  
Phone: 800.225.6168 Fax: 617.428.9801

**REGULATORY LIABILITY AND INFORMATION SECURITY & PRIVACY POLICY**      **POLICY No: 001MA000013779CPP**

Coverage	Coverage Type / Retroactive Date	Limits of Liability	Deductibles
Regulatory Liability and Information Security & Privacy	Claims Made Retroactive Date: See DEC 008D	See DEC 008C	See DEC 008C

**FORMS AND ENDORSEMENTS**

DEC 008C 08/15	Regulatory Liability and Information Security & Privacy Coverage Limit Schedule
DEC 008D 07/14	Regulatory Liability and Information Security & Privacy Coverage Group Schedule
CPP 001C 08/15	Regulatory Liability and Information Security & Privacy - Claims Made Form
CPP 002 08/15	ACO Professional Services Defense Coverage Endorsement
CPP 003 MA 07/14	Massachusetts Mandatory Amendments Endorsement
COV 006 08/15	Privacy Breach Response Services Description

**REGULATORY LIABILITY AND INFORMATION SECURITY & PRIVACY POLICY PREMIUM:** **\$0**

**TOTAL PREMIUM:** **\$656**

Gregg L. Hanson  
President & CEO

Richard G. Hayes  
Treasurer



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:

Nellie M. Gorbea  
*Secretary of State*

