

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR 19 PM 3:46

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 Neufrontiers, Inc.
(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 Medicine

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

(a) If only one class: Total number of shares 4,000
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:

3:46 pm
FILED

APR 19 2016

4. The address of the initial registered office of the corporation is:

22 Leicester Way

(Street Address, not P.O. Box)

Pawtucket

(City/Town)

, RI 02860

(Zip Code)

and the name of its initial registered agent at

such address is Benjamin Margolis, M.D.

(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.

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:

[illegible]

8. The name and address of each incorporator is:

Name

Address

Paul T. Cotter

Chace Ruttenberg & Freedman, One Park Row, Suite 300,

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 July 15, 2016

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: 09/19/2016

herein are true and correct.

Paul T. Ellis

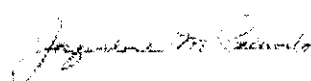
Signature of each Incorporator

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			
Benjamin A. Margolis, 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 - FCO02 - 033315813	600121
5. POLICY PERIOD			
From:	July 14, 2016 at 12:01 A.M. Standard Time	To:	August 01, 2016 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			
07/14/2016	\$1,000,000 / \$1,000,000 / \$3,000,000	Occurrence	RI1
9. NAME AND ADDRESS OF CERTIFICATE HOLDER			
Neufrontiers, Benjamin Margolis, 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			
February 15, 2016 Date		 Chief Underwriting Officer	



BUTLER HOSPITAL
a Care New England Hospital

April 18, 2016

Paul T. Cotter, Esq.
Chace Ruttenberg & Freedman, LLP
One Park Row, Suite 300
Providence, Rhode Island 02903

RE: Benjamin Margolis, M.D.

Dear Mr. Cotter,

Please accept this correspondence in regards to Dr. Benjamin Margolis as confirmation that he is covered for professional liability claims through Fair American Insurance and Reinsurance Company, Policy #GP - FCO02 - 033315813.

- **Policy Period:** 7/14/2016 through 8/1/2016
- **Policy Type:** Occurrence
- **Policy Limits:** \$1,000,000 / \$3,000,000

Please note that the policy year runs 8/1/2015 through 8/1/2016. New certificates will be automatically generated when the renewal is processed this summer.

If you have any questions or need anything further, please feel free to contact me at (401) 681-2812 or email at ksoares@carene.org.

Sincerely,

Kathy L. Soares
Manager, Insurance & Indemnification Programs
Risk Management
Care New England



BROWN
Alpert Medical School

345 Blackstone Boulevard, Providence, RI 02906
(401)-455-6200, TDD/TTY (401)-455-6239
Affiliated with the Alpert Medical School of Brown University