

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 AUG 29 AM 9:44

**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 LPA Associates P.C.

(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 Engineering

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

(a) If only one class: Total number of shares 10,000

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:

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 \$0.001 per share.

FILED

OCT 11 2016

By 285626

A.A. 2:24 P.M.

**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:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**8. The name and address of each incorporator is:**

**Name**

**Address**

**Louis P. Amadio**

45 Circledale Drive, Cumberland RI 02864

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> 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: 5/20/16

herein are true and correct.

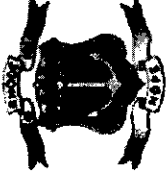
Frank Arnold

**Louis P. Amadio**

**Signature of each Incorporator**



*State of Rhode Island and Providence Plantations  
Board of Registration for Professional Engineers*



BE IT KNOWN THAT

**LPA Associates, P.C.**

*having given satisfactory evidence of having the  
qualifications required by law is hereby authorized to practice  
Engineering as a  
Corporation*

*IN THE STATE OF RHODE ISLAND*

Certificate of Authorization No.: 8354

Issued: 09/22/2016

Expires: 06/30/2018

*Raymond D. Moore*

Chairperson

*Chorpa D. D.*

Secretary

**NEW HAMPSHIRE INSURANCE COMPANY**

175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(hereinafter called the Company)

212-458-5000

(The above being a capital stock company)

**ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY POLICY**

Policy No.: 064992101-00

Renewal of: New

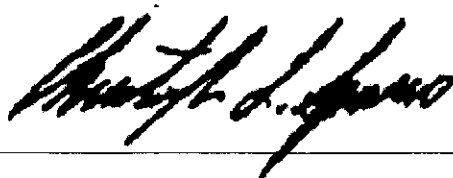
**NOTICE: THIS IS A CLAIMS-MADE POLICY. COVERAGE OF THIS POLICY IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AND REPORTED IN WRITING TO US WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THIS POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.**

**NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY THE AMOUNTS INCURRED FOR LEGAL DEFENSE. AMOUNTS INCURRED FOR LEGAL DEFENSE, JUDGMENTS OR SETTLEMENTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

**DECLARATIONS**

- ITEM 1.      Named Insured:    LPA Associates, P.C.  
                 Address:            45 Circledale Drive  
                                      Cumberland, RI 02864
- ITEM 2.      Policy Period:      From: 8/4/2016 to: 8/4/2017  
                                      at 12:01 A.M. standard time at the address of the insured stated above.
- ITEM 3.      Limits of Liability:   \$1,000,000      Each Claim  
                                      \$1,000,000      Annual Aggregate
- ITEM 4.      Deductible:            \$2,500            Each Claim
- ITEM 5.      Premium:               \$1,500            A POLICY FEE OF \$500 HAS  
                                      BEEN APPLIED TO THIS POLICY.  
                                      State Surcharge - Not Applicable
- ITEM 6.      Extended Reporting Period: 12 Months at 100% of the total annual premium  
                 Extended Reporting Period: 24 Months at 150% of the total annual premium  
                 Extended Reporting Period: 36 Months at 200% of the total annual premium  
                 Extended Reporting Period: 48 Months at 235% of the total annual premium  
                 Extended Reporting Period: 60 Months at 275% of the total annual premium
- ITEM 7.      Retroactive Date:    8/4/2016
- ITEM 8.      Endorsements made a part of this policy:  
                 See attached Schedule of Forms and Endorsements

For claims service and any other inquiries please contact:  
New Hampshire Insurance Company  
100 Summer Street  
Boston, Massachusetts 02110  
[LexingtonAECclaims@aig.com](mailto:LexingtonAECclaims@aig.com)



Authorized Representative OR  
Countersignature (in states where applicable)