

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  
R.I. DEPT. OF STATE  
CORPORATIONS DIV.  
2016 DEC 21 AM 11:34

**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 Algiers Chiropractic, 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 Chiropractors

3. The total number of shares which the corporation has authority to issue is:  
(a) If only one class: Total number of shares 1,000

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

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

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By 291374 11:34

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:

Multiple horizontal lines for writing additional provisions.

8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Benjamin J. Algieri	1171 Main Street, Wyoming, RI 02898

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: 12-13-16

Benjamin J. Algieri  
 Benjamin J. Algieri  
 Signature of each Incorporator



# INSURANCE BINDER

OP ID: KF


DATE (MM/DD/YYYY)  
12/13/2016**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY <b>Woodmansee Insurance Inc.</b> P. O. Box 246 Wyoming, RI 02898-0246 Ralph H. Woodmansee		COMPANY <b>NGM Insurance Company</b>		BINDER # <b>21123</b>	
PHONE (A/C, No, Ext): <b>401-539-7000</b> CODE: <b>380085</b> AGENCY CUSTOMER ID: <b>ALGIERE</b>		FAX (A/C, No): <b>401-539-7265</b> SUB CODE:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) <b>1171 Main Street, Wyoming, RI 02898</b>	
INSURED <b>Algiers Chiropractic, Inc.</b> <b>1171 Main Street Suite D</b> <b>Wyoming RI 02898</b>		DATE EFFECTIVE <b>12/13/16</b>		TIME <b>12:01</b>	
		AM <input checked="" type="checkbox"/>		EXPIRATION DATE <b>01/12/17</b>	
		PM <input type="checkbox"/>		TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	<b>Personal Property</b>	<b>500</b>		<b>5000</b>
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ <b>500000</b>
		DAMAGE TO RENTED PREMISES		\$ <b>500000</b>
		MED EXP (Any one person)		\$ <b>10000</b>
		PERSONAL & ADV INJURY		\$ <b>500000</b>
		GENERAL AGGREGATE		\$ <b>1000000</b>
		PRODUCTS - COMP/OP AGG		\$ <b>1000000</b>
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: OTHER THAN COL:	RETRO DATE FOR CLAIMS MADE:	ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
		OTHER		\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	RETRO DATE FOR CLAIMS MADE:	WC STATUTORY LIMITS		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

MORTGAGEE		ADDITIONAL INSURED	
LOSS PAYEE			
LOAN #			
AUTHORIZED REPRESENTATIVE <b>Ralph H. Woodmansee</b> 			



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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

