



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

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BUS. SVCS. DIV.
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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: Politelli Dental, Inc.		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. The profession to be practiced through the professional service corporation is: Dentistry		
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.)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
<u>10,000</u>	<u>Undesignated</u>	<u>\$0.01</u>
_____	_____	_____
_____	_____	_____
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): <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Jonathan F. Whaley, Esq.		
Street Address (NOT a P.O. Box) 4060 Post Road		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

MAIL TO:

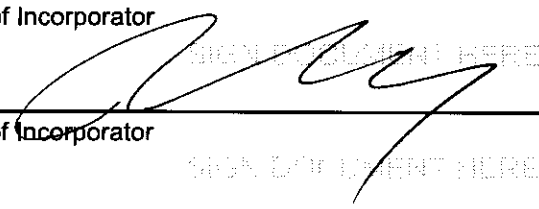
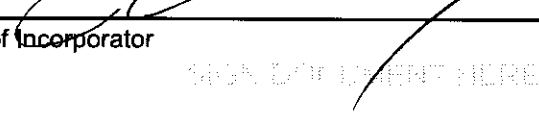
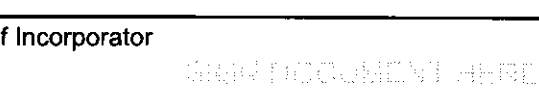
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY 13828874

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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 the box to indicate an attachment. <input type="checkbox"/>		
7. The name and address of each incorporator is:		
Name Jonathan F. Whaley, Esq.	Address 4060 Post Road	
City/Town Warwick	State RI	Zip Code 02886
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) _____		
<i>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.</i>		
Signature of Incorporator 	Date 1/18/17	
Signature of Incorporator 	Date	
Signature of Incorporator 	Date	



ProSelect Insurance Company
One Financial Center, P.O. Box 55178, Boston, MA 02205
Phone: 800.225.6168 Fax: 617.428.9801

CERTIFICATE OF INSURANCE

The CERTIFICATE OF INSURANCE neither affirmatively nor negatively amends, extends or alters the coverage afforded by these policies.

This is to certify that the following policies, subject to the terms, conditions and exclusions have been issued by this company. The company will mail to the party to whom this Certificate is issued a record of any material change in or cancellation of said policy or policies, but takes no responsibility for failure to do so.

Named Insured: Daniel J Politelli, DDS c/o Daniel J Politelli, DDS 1127 Park Avenue Cranston, RI 02910	First Named Insured: Daniel J Politelli, DDS 1127 Park Avenue Cranston, RI 02910	Producer: Hickey & Assoc., Inc. 1045 Warwick Ave Ste 203 Warwick, RI 02888 401-467-6333
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POLICY PERIOD: 07/01/2016 to 07/01/2017 at 12:01 A.M.
Standard Time at Named Insured address above.

DESCRIPTION OF BUSINESS:
Individual Provider

COMMERCIAL LIABILITY POLICY		POLICY No:	002RI000015794
		FORMER POLICY No:	2-24541
Coverage Parts	Coverage Type / Retroactive Date	Limits	
Healthcare Provider Professional Liability	Occurrence	\$1,000,000	Per Claim
		\$3,000,000	Aggregate
Class Code – Specialty	73202 - Dentist - Local anesthesia, general sedation		
Sexual Misconduct Legal Expense Reimbursement		\$100,000	Per Proceeding
Professional Conduct Review		\$25,000	Per Proceeding
Special Conditions:			

Gregg L. Hanson
President & CEO

Richard G. Hayes
Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HICKEY & ASSOCIATES, INC 1045 WARWICK AVE STE 203		CONTACT NAME: BETHANY HICKEY PHONE (A/C, No, Ext): 401-467-6333 FAX (A/C, No): 401-467-6336 E-MAIL ADDRESS:	
WARWICK		RI 02888-3657	
INSURED DANIEL J. POLITELLI, DDS POLITELLI DENTAL, INC. 1353 WARWICK AVENUE WARWICK		RI 02888	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: COVERYS INSURANCE	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		002RI000015794	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					MED EXP (Any one person) \$
	OTHER:					PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					GENERAL AGGREGATE \$ 3,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COM/PO/ AGG \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CLASS CODE-SPECIALTY: 73202 DENTIST, LOCAL ANESTHESIA, GENERAL SEDATION

OCCURRENCE POLICY

CERTIFICATE HOLDERPOLITELLI DENTAL, INC.
1353 WARWICK AVENUE
WARWICK

RI 02888

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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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

