



**Article of Incorporation**  
 Professional Service Corporation

→ Filing Fee: \$230.00 minimum

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JUL 12 AM 11:19

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: <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Cramton Family &amp; Cosmetic Dentistry, P.C.</div>		
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: <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Dentistry</div>		
3. The total number of shares which the corporation has the authority to issue is: <i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i>		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
1000	Common	\$0.01
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: center; font-size: 1.2em; font-family: cursive;">None</div>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <span style="font-size: 1.2em; font-family: cursive;">Daniel Baccavi</span>		
Street Address (NOT a P.O. Box) <span style="font-size: 1.2em; font-family: cursive;">200 Centerville Road Suite 8</span>		
City/Town <span style="font-size: 1.2em; font-family: cursive;">Warwick</span>	State <b>RHODE ISLAND</b>	Zip Code <span style="font-size: 1.2em;">02886</span>
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**  
 JUL 12 2017 11:19  
 BY 308105

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:

None.

Check the box to indicate an attachment.

7. The name and address of each incorporator is:

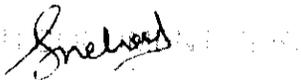
Name Snehal Lakhkar SNEHAL	Address 195 Governors Drive	
City/Town East Greenwich	State RI	Zip Code 02818
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX

Date received (Upon filing)

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 7/10/17
Signature of Incorporator	Date
Signature of Incorporator	Date



# INSURANCE BINDER

DATE (MM/DD/YYYY)

07/12/2017

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> Farmington Insurance Agency, Inc. 24 Farmington Avenue Providence, RI 02909		<b>COMPANY</b> Providence Mutual Fire Insurance Company		<b>BINDER #</b>	
<b>PHONE (A/C, No, Ext):</b> 401-944-2230		<b>FAX (A/C, No):</b> 401-944-2250			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID:</b>		<b>INSURED</b> Cranston Family & Cosmetic Dentistry PC 30 Chapel View Blvd Unit 210 Cranston RI 02920		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> Business Owner's Policy for dental practice located at:  30 Chapel View Blvd Unit 210 Cranston, RI 02920	
		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			
		<b>DATE EFFECTIVE TIME</b> 07/11/2017 12:01		<b>EXPIRATION DATE TIME</b> 08/11/2017 12:01 AM	

**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	Policy number BOP0106755 July 11, 2017 to July 11, 2018 \$813.00	\$1000		\$5,000
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 1,000,000
		DAMAGE TO RENTED PREMISES		\$ 50,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 2,000,000
		PRODUCTS - COMP/OP AGG		\$ 2,000,000
<b>VEHICLE 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		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		\$
<input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		STATED AMOUNT		\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		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>		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**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
<input type="checkbox"/> LOSS PAYEE	
LOAN # _____	
AUTHORIZED REPRESENTATIVE <i>Michelle Calabrese</i>	



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:

July 12, 2017 11:19 AM

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

Nellie M. Gorbea  
*Secretary of State*

