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

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:
Cranston Family & Cosmetic Dentistry, P.C.

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? ☒ Yes ☐ 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***
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*): Check the box to indicate an attachment. ☐

None

4. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name: Daniel Baccari

Street Address (NOT a P.O. Box): 200 Centerville Road Suite 8

City/Town	State	Zip Code
Warwick	**RHODE ISLAND**	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

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JUL 12 2017 11:19
BY 308105

FORM 112- Revised: 08/2016

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	Address		
Snehal Lakhkar SNEHAL	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
Snehal	7/10/17
Signature of Incorporator	Date
Signature of Incorporator	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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.

AGENCY	COMPANY	BINDER #
Farmington Insurance Agency, Inc. 24 Farmington Avenue Providence, RI 02909	Providence Mutual Fire Insurance Company	

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
07/11/2017	12:01	☑ AM ☐ PM	08/11/2017	☑ 12:01 AM ☐ NOON	

PHONE (A/C, No, Ext): 401-944-2230 | FAX (A/C, No): 401-944-2250

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

CODE: | SUB CODE:

AGENCY CUSTOMER ID:

INSURED
Cranston Family & Cosmetic Dentistry PC
30 Chapel View Blvd
Unit 210
Cranston RI 02920

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Business Owner's Policy for dental practice located at:

30 Chapel View Blvd
Unit 210
Cranston, RI 02920

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☑ SPEC	Policy number BOP0106755 July 11, 2017 to July 11, 2018 $813.00	$1000		$5,000
GENERAL LIABILITY				
☑ COMMERCIAL GENERAL LIABILITY		EACH OCCURRENCE		$ 1,000,000
☐ CLAIMS MADE ☐ OCCUR		DAMAGE TO RENTED PREMISES		$ 50,000
		MED EXP (Any one person)		$ 5,000
		PERSONAL & ADV INJURY		$ 1,000,000
		GENERAL AGGREGATE		$ 2,000,000
	RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		$ 2,000,000
VEHICLE LIABILITY		COMBINED SINGLE LIMIT		$
☐ ANY AUTO		BODILY INJURY (Per person)		$
☐ ALL OWNED AUTOS		BODILY INJURY (Per accident)		$
☐ SCHEDULED AUTOS		PROPERTY DAMAGE		$
☐ HIRED AUTOS		MEDICAL PAYMENTS		$
☐ NON-OWNED AUTOS		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
VEHICLE PHYSICAL DAMAGE — DED	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	☐ ACTUAL CASH VALUE ☐ STATED AMOUNT		$
☐ COLLISION:				
☐ OTHER THAN COL:				
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT		$
☐ ANY AUTO		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY		EACH OCCURRENCE		$
☐ UMBRELLA FORM		AGGREGATE		$
☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		$
		E.L. DISEASE - EA EMPLOYEE		$
		E.L. DISEASE - POLICY LIMIT		$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

☐ MORTGAGEE ☐ ADDITIONAL INSURED
☐ LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE: Michele Caldwell