



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 SEP 18 PM 12:17

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: <b>Tourister Dental Associates, P.C.</b>		
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: <b>Dentistry</b>		
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.)		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
5000	CNP	0.0000
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 <b>Daniel P. Reilly, Esq.</b>		
Street Address (NOT a P.O. Box) <b>2 Regency Plaza, Suite 410</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02903</b>
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

SEP 18 2017

BY 312678

A.A. 12:17 p.m.

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:

Check the box to indicate an attachment. ☐

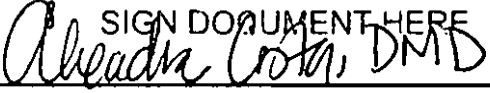
7. The name and address of each incorporator is:

Name <b>Alexandra Costa, DMD</b>	Address <b>27 Old Chimney Road</b>	
City/Town <b>Barrington</b>	State <b>RI</b>	Zip Code <b>02806</b>
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  SIGN DOCUMENT HERE	Date <b>9-12-17</b>
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date

**EASTERN DENTISTS INSURANCE COMPANY**  
(A Dental Society Risk Retention Group)  
**PROFESSIONAL LIABILITY**

**DECLARATIONS PAGE**

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

Policy Number: RIO1700737-737

Broker ID:

Named Insured:  
Alexandra D. Costa, DMD  
Mailing Address:  
27 Old Chimney Road  
Barrington, RI 02806

The Named Insured is: Individual

Policy Period:

Inception Date 09/01/2017 to 09/01/2018 12:01 AM standard time at the address of the named insured as stated herein.

Limits of Insurance:  
\$ 1,000,000 each claim  
\$ 3,000,000 annual aggregate  
\$ 5,000 medical payments

Defense Coverages:  
Limits of Insurance:  
\$50,000 each claim/\$50,000 aggregate  
Dental Prof. Liability Licensing Board  
Sexual Misconduct  
Health Information

Policy Form: Occurrence Class: 1: Minimal Sedation or Less

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO THOSE COVERAGES LISTED

ITEM	ANNUAL PREMIUM
Named Insured	\$2,936.00
Vicarious Liability	N/C
Risk Management Discount	\$-146.80
	=====
TOTAL PREMIUM	\$2,789.20

Countersignature Date: 09/15/2017  
At Westborough, Massachusetts  
Worcester County

By:

  
Hope Maxwell  
President and CEO

THIS IS NOT YOUR INVOICE. THE INVOICE IS ENCLOSED.

Acct. Mgr: Debbie

Form Date: 09/01/2016

2017-09-15 13:59:3



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:

September 18, 2017 12:17 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

