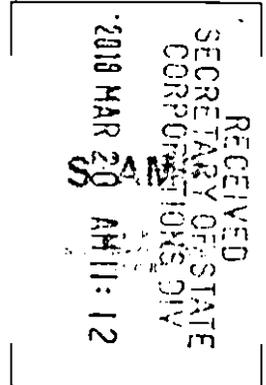




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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: RI Social Work, Inc. | | |
| Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 2. The profession to be practiced through the professional service corporation is: Outpatient Psychotherapy | | |
| 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 |
| 1,000 | Common | No Par Value |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| 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 <i>(optional)</i> : <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 Laura Hochman, LICSW | | |
| Street Address (NOT a P.O. Box) 2364 Post Road Suite 202 | | |
| 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

11:12 AM
FILED
 STAMP
 MAR 20 2018
 BY 326927

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

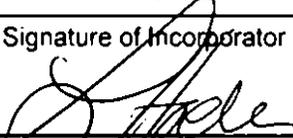
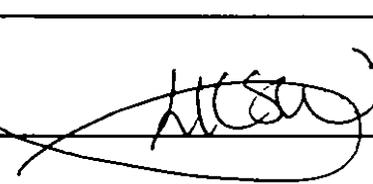
7. The name and address of each incorporator is:

| | | |
|-----------------------|-------------------------------------|-------------------|
| Name Laura Hochman | Address 2364 Post Road Suite 202 | |
| 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

- 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 3/20/18 |
| Signature of Incorporator  | Date |
| Signature of Incorporator | Date |

Account Number: RI HOCL 3100

Date: 4/10/17 Initials: LPD

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

LAURA S HOCHMAN
31 COVINGTON DR
WARWICK RI 02886

Additional Named Insureds:

Type of Work Covered: SOCIAL WORKERS / PROFESSIONAL SOCIAL WORKER

Location of Operations:
(If different than address listed above)

Claim History: None

Retroactive date is 06/01/2015

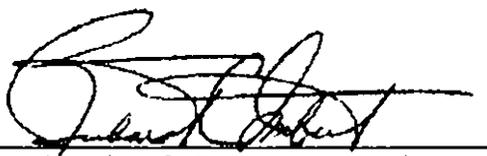
| Coverages | Policy Number | Effective Date | Expiration Date | Limits of Liability |
|----------------------------|---------------|----------------|-----------------|------------------------|
| PROFESSIONAL/ LIABILITY | 5603-5100 | 6/01/17 | 6/01/18 | 2,000,000 4,000,000 |

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$75,000.

This Certificate Issued to:

Name: LAURA S HOCHMAN
31 COVINGTON DR
Address: WARWICK RI 02886
APA 00138 00 (06/2014)


Authorized Representative



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:

March 20, 2018 11:12 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

