



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

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 APR 13 AM 11:46

**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: Millennium 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: The Practice of Dentistry		
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>		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
8,000	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> . Check the box to indicate an attachment <input type="checkbox"/>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Dean G. Robinson, Esq.		
Street Address (NOT a P.O. Box) 670 Willett Avenue		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02915
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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 BY 328686

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:

No Provisions

Check the box to indicate an attachment

7. The name and address of each incorporator is:

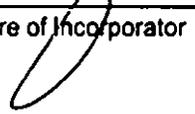
Name John Miller	Address 314 F Pocasset Street	
City/Town Providence	State RI	Zip Code 02909
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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 4/12/18
Signature of Incorporator 	Date
Signature of Incorporator	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: OC17-08364-8364

Broker ID: IN06

Named Insured:  
John Miller, DDS  
Mailing Address:  
21 George Street  
G 5  
Lowell, MA 01852

Integrated Insurance Solutions LLC  
Attn: Carl Getman  
1881 Worcester Rd Ste 101  
Framingham, MA 01701

The Named Insured is: Individual

Policy Period:

Inception Date 03/11/2018 to 03/11/2019 12:01 AM standard time at the address of the named insured as stated herein.

Limits of Insurance:  
\$ 2,000,000 each claim  
\$ 6,000,000 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	\$3,287.00
Vicarious Liability	N/C
	=====
TOTAL PREMIUM	\$3,287.00

Countersignature Date: 01/11/2018  
At Westborough, Massachusetts  
Worcester County

By: Hope Maxwell  
Hope Maxwell  
President and CEO

THIS IS NOT YOUR INVOICE. THE INVOICE IS ENCLOSED.



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:

April 13, 2018 11:46 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*

