



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 APR -6 AM 11:20

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:

David Kahn MD, Inc.

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:

Practice of Psychiatry

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
1,000	Common	\$0 00

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

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

Agent Name: David A. Kahn, M.D.

Street Address (NOT a P.O. Box): 182 Butler Avenue

City/Town: Providence	State: RHODE ISLAND	Zip Code: 02903
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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

APR 23 2018 10:12

BY CU 329235

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.

The purpose or purposes for which the company is organized are to engage in the practice of medicine, specifically in the specialty of psychiatry, to own real and personal property necessary for, or appropriate or desirable in the fulfillment or rendering of its service or services; and to invest its funds in real estate, mortgages, stocks, bonds or any other type of investment.

Check the box to indicate an attachment

7. The name and address of each incorporator is:

Name David A. Kahn, M.D.	Address 182 Butler Avenue	
City/Town Providence	State RI	Zip Code 02903
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 3/27/18
Signature of Incorporator	Date
Signature of Incorporator	Date

MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION OF RHODE ISLAND

POLICY DECLARATIONS

C0462

Former JUA Policy No.

NAMED INSURED AND ADDRESS (No., Street, City, State and Zip Code) JUA Policy No. C0462

INSURED

David Kahn M.D. Individually and/or Benefit Street
Psychiatry
182 Butler Ave
Providence, RI 02906

Full-Time

Part-Time

BROKER

No Agency

Specialty Code 80249

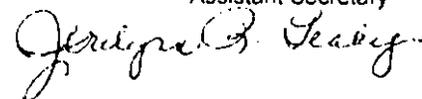
POLICY PERIOD		
From 12/20/2017 To 12/20/2018	12.01 A.M. Standard Time at the address of the Named Insured	Total Advance Premium <u>\$12,840.00</u>

LIABILITY INSURANCE		LIMITS OF INSURANCE (Thousands of Dollars)		ADVANCE PREMIUMS
Physicians, Surgeons & Dentists* Occurrence Claims-Made Retro Date 12/20/2014	<input type="checkbox"/> <input checked="" type="checkbox"/>	Each Medical Incident/Business Entity Incident \$1,000	Aggregate \$3,000	\$ 12,560.00
Hospital Professional Liability Occurrence Claims-Made Retro Date	<input type="checkbox"/> <input type="checkbox"/>	Each Medical Incident	Aggregate	
Commercial General Liability Occurrence	<input checked="" type="checkbox"/>	SEE JUA-70		\$280.00
Personal Injury Liability Occurrence Claims-Made Retro Date N/A	<input type="checkbox"/> <input type="checkbox"/>		Aggregate	
Employee Benefits Liability Claims-Made Retro Date	<input type="checkbox"/>	SEE JUA-68		

Endorsements made part of this policy at time of issue (Identify by #) JUA-23 (6-11) JUA 40 (01-08) JUA-69 (6-11) JUA 19 (11-05) JUA 70 (6-11) JUA 72 (10-05) JUA 79 (05-06) JUA 52 (5-06)

*This coverage applies to other qualifying health care professionals and entities.

Assistant Secretary





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 23, 2018 10:12 AM

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

Nellie M. Gorbea
Secretary of State

