



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

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

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

10:10

BY

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

JUA-23  
(6/11)

**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

[X] 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  
\$12,840.00

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

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

*Judith A. Seaving*