



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

## Article of Incorporation

### Professional Service Corporation

→ Filing Fee: \$230.00 minimum

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

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:

Continuum Palliative Resources Of Rhode Island P.C.

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:

Palliative Care

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
200	COMMON STOCK	.01

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

RECEIVED  
 DEPT OF STATE  
 CORPORATIONS DIV  
 2018 MAY 31 AM 10:13

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

Agent Name Joseph England

Street Address (NOT a P.O. Box) 1350 Division Road - Suite 205

City/Town West Warwick

State RHODE ISLAND

Zip Code 02893

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 Cu 331655

6. Additional provisions, if any, not inconsistent with RIGL 1-1.1 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

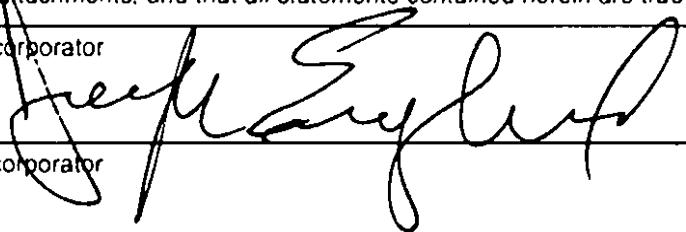
7. The name and address of each incorporator is:

Name Joseph England	Address 1350 Division Road - Suite 205	
City/Town West Warwick	State RI	Zip Code 02893
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 3/29/2018
Signature of Incorporator	Date
Signature of Incorporator	Date

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/28/2018

**PRODUCER**

Shomer Insurance Agency, Inc.  
4221 Wilshire Blvd., Ste. 222  
Los Angeles, CA 90010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE****NAIC #****INSURED**

Continuum Palliative Resources of Rhode Island P.C  
1350 Division Rd, Ste 205  
Charlestown, RI 02813

INSURER A Lloyd's of London

INSURER B

INSURER C

INSURER D

INSURER E

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Retro Date: 11/20/2017 GEN'L AGGREGATE LIM'T APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	W20EFB170101 GL Deductible: \$1,000	11/20/2017	11/20/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$1,000,000 \$50,000 \$5,000 Included \$3,000,000 \$3,000,000
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRE AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	W20EFB170101	11/20/2017	11/20/2018	COMBINED SINGLE LIMIT* (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$1,000,000 \$ \$ \$
					Sexual Misconduct EA OCC AGG
	<b>EXCESS-UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? *yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS E.I. EACH ACCIDENT E.I. DISEASE - EA EMPLOYEE F.L. DISEASE - POLICY LIMIT
A	<b>OTHER</b> <b>Professional Liability</b>	W20EFB170101 Retro Date: 11/20/2017 Deductible: \$1,000	11/20/2017	11/20/2018	Per Occurrence Limit: \$1,000,000 Aggregate Limit: \$3,000,000 Sexual Abuse: \$1,000,000/\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Except 10 day notice of cancellation for non-payment of premium.

**CERTIFICATE HOLDER**

\*Insured Copy

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \*30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joseph Schroeder



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:

May 31, 2018 10:13 AM

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*

