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'S OFFICE 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 authonzed 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
2018 MAY 31 AM 10: 13
SECRETARY OF STATE
CORPORATIONS DIV

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	State	Zip Code
West Warwick	RHODE ISLAND	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

FORM 112- Revised: 10/2017

6. Additional provisions, if any, not inconsistent with RIGL [illegible] 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

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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 #
INSURER A: Lloyd's of London	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

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

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE ___ OCCUR X Retro Date: 11/20/2017 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ___ PROJECT ___ 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		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X 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	
		EXCESS/UMBRELLA LIABILITY ___ OCCUR ___ CLAIMS MADE ___ DEDUCTIBLE ___ RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Yes, describe under SPECIAL PROVISIONS below)				WC STATU-TORY LIMITS ___ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A		OTHER **Professional Liability**	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 cancelation 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 Schneerson