

Filing and License Fee: \$230.00 minimum

ID Number:

159512



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED

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RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is Lepizzera and Laprocina, Counsellors at Law, Ltd

(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The profession to be practiced through the professional service corporation is General Practice of Law

3. The total number of shares which the corporation has authority to issue is:

(a) If only one class: Total number of shares 1,000

or

(b) If more than one class: Total number of shares of each class _____

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

4. The address of the initial registered office of the corporation is 301 Metro Center Blvd., #102

(Street Address, not P.O. Box)

Warwick

(City/Town)

, RI 02886

(Zip Code)

and the name of its initial registered agent

at such address is Paul N. Laprocina, Jr.

(Name of Agent)

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.
6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

7. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

[illegible]

8. The name and address of each incorporator is:

Name

Address

Paul N. Laprocina, Jr.

301 Metro Center Blvd., #102, Warwick, RI 02886

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing **Upon 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.

Date: 10/16/02

Signature of each Incorporator

St Paul Travelers 1st ChoiceSM for Lawyers

**LAWYERS PROFESSIONAL LIABILITY
DECLARATIONS PAGE**



POLICY NUMBER: 560JB1531

ISSUE DATE: 12/15/05

THIS IS A CLAIMS-MADE POLICY. PLEASE READ IT CAREFULLY

**"Claims Expenses" Are Included Within The Limits Of Liability-"Claims Expenses" Will
Reduce The Available Limits Of Liability**

INSURING COMPANY: St. Paul Fire and Marine Insurance Company, St. Paul, Minnesota

- 1. NAMED INSURED:** LEPIZZERA & LAPROCINA, COUNSELLORS AT
LAW
- 2. PRINCIPAL ADDRESS:** 301 METRO CENTER BOULEVARD STE 102
WARWICK RI 02886
- 3. POLICY PERIOD:** From: 12/04/05 To: 12/04/06
Inception Expiration
(12 01 A. M. Standard Time at the Principal Address Stated Above)
- 4. LIMITS OF LIABILITY:** \$ 2,000,000 EACH CLAIM
\$ 4,000,000 POLICY AGGREGATE
"Claims Expenses" are Included Within the Limits of Liability.
- 5. DEDUCTIBLE:** \$ 10,000 EACH CLAIM
\$ N/A POLICY AGGREGATE
Deductible Applies to Indemnity and "Claims Expenses".
- 6. PREMIUM:** \$ 10,472.00
- 7. RETROACTIVE DATE:** 12/04/2001
- 8. NOTICE REQUIRED TO BE GIVEN TO THE INSURER SHALL BE ADDRESSED TO:**
St. Paul Fire and Marine Insurance Company, One Tower Square, 2 S1, Hartford, CT
06183-3004.
- 9. FORM AND ENDORSEMENT NUMBERS ATTACHING TO THIS POLICY AT ISSUANCE:**
SEE ATTACHED FORMS LIST #40705

This policy consists of the Lawyers Professional Liability Declarations, Coverage Form, Endorsements listed above (or attached after inception) and the Application and any applicable supplements or attachments.