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 SEP 10 PM 3:21

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:

Celestial Smile Dental Associates PC

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:

Dentistry

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*
250000	cwp	0.01

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 ☐

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

Agent Name **Anthony Olatunji**

Street Address (NOT a P.O. Box) **10 Dorrance Street #700**

City/Town	State	Zip Code
Providence	**RHODE ISLAND**	**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

3:21 **FILED**
SEP 10 2018
BY 963G8M

FORM 112- Revised: 11/2017

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:

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

Name **Dr. Anthony Olatunji**	Address **1776 Bicentennial Way D-15**	
City/Town **North Providence**	State **RI**	Zip Code **02911**
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 ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date 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 SIGN DOCUMENT HERE	Date 9/10/18
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	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.

EASTERN DENTISTS INSURANCE COMPANY
(A Dental Society Risk Retention Group)
PROFESSIONAL LIABILITY

DECLARATIONS PAGE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

Policy Number: OC18-06698-6698 Broker ID:

Named Insured:
Anthony O. Olatunji, DMD
Mailing Address:
360 North Main Street
Sharon, MA 02067

The Named Insured is: Individual

Policy Period:

Inception Date 04/24/2018 to 04/24/2019 12:01 AM standard time at the address of the named insured as stated herein.

Limits of Insurance:
$ 1,000,000 each claim
$ 3,000,000 annual aggregate
$ 5,000 medical payments

Defense Coverages:
Limits of Insurance:
$50,000 each claim/$50,000 aggregate
Dental Prof. Liability Licensing Board
Sexual Misconduct
Health Information

Policy Form: Occurrence Class: 1: Minimal Sedation or Less

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO THOSE COVERAGES LISTED

ITEM	ANNUAL PREMIUM
Named Insured	$3,023.00
Vicarious Liability	N/C
Risk Management Discount	$-151.15
	=========
TOTAL PREMIUM	$2,871.85

Countersignature Date: 04/30/2018
At Westborough, Massachusetts
Worcester County

By: Hope Maxwell
Hope Maxwell
President and CEO

THIS IS NOT YOUR INVOICE. THE INVOICE IS ENCLOSED.

Acct. Mgr: Liliana Form Date: 09/01/2016 2018-04-30 15:35:45

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:

September 10, 2018 03:21 PM

Nellie M. Gorbea
Secretary of State