



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

Article of Incorporation
Professional Service Corporation

→ Filing Fee: \$230.00 minimum

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:

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CORPORATIONS DIV
2018 SEP 12 PM 12:48

1. The name of the corporation is: Macrae Medical Associates, 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: Registered Nurse, Advanced Practice		
3. The total number of shares which the corporation has the authority to issue is: <i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i>		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
200	common	\$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 <i>(optional)</i>: Check the box to indicate an attachment ☐		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Christopher J. Behan, Esq.		
Street Address (NOT a P.O. Box) 294 Valley Road		
City/Town Middletown	State RHODE ISLAND	Zip Code 02842
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 **J83E8**
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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:

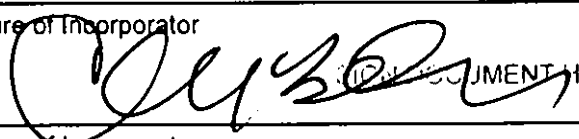
Name Christopher J. Behan	Address 294 Valley Road	
City/Town Middletown	State RI	Zip Code 02842
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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



Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not alter the coverage afforded by the policy(ies) below. This certificate of insurance does not constitute a contract between the insurer(s), authorized representative or producer, and the certificate holder.

Certificate Number: QAA000006936

Insurer: Berkshire Hathaway Specialty Insurance Company

NAIC# 22276

Named Insured: Meaghan Macrae, APRN

Mailing Address: 333 Valley Rd, Middletown, RI 02842

Type of Insurance	Policy Number	Policy Effective	Policy Expiration	Limits of Insurance	
Professional Protection Liability	47-QAA-004400-01	09/10/2018	09/10/2019	\$1,000,000	Per Claim
				\$6,000,000	Per Aggregate
Commercial General Liability Occurrence	47-QAA-004400-01	09/10/2018	09/10/2019	\$1,000,000	Per Occurrence
				\$1,000,000	Per Aggregate

Description of profession/business:

Nurse Practitioner - Other Advanced Practice, Self-Employed

Certificate holder: Christopher Behan

294 Valley Rd

Middletown, RI 02842



Berkshire Hathaway
Specialty Insurance

Adam Yessen

09/10/2018

Authorized Representative

Dated



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 12, 2018 12:48 PM

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

