



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

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**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:

1. The name of the corporation is: <b>FRANKLIN FOOT CARE OF RHODE ISLAND, P.C.</b>		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. The profession to be practiced through the professional service corporation is: <b>PODIATRY</b>		
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>		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
1,000	ALL ONE CLASS	NO PAR VALUE
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> : SEE: ARTICLE IX = Section 2, and ARTICLE VI = Section 2 of Articles of Incorporation attached hereto and made a part hereof.		
Check the box to indicate an attachment <input checked="" type="checkbox"/>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>ROBERT H. LARDER, Esquire</b>		
Street Address (NOT a P.O. Box) <b>267 BLACKSTONE STREET</b>		
City/Town <b>WOONSOCKET</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02895-1927</b>
5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

JAN 09 2019

BY **HJF5W**

A.A. 10:42 A.M.

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

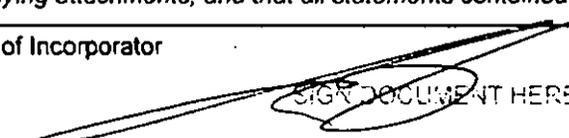
7. The name and address of each incorporator is:

Name JAMES A. ANDERSON, JR. DPM	Address 52 OCTOBER DRIVE	
City/Town FRANKLIN	State MASSACHUSETTS	Zip Code 02038
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 12/10/18
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date

FRANKLIN FOOT CARE OF RHODE ISLAND, P.C.

ATTACHMENT TO ARTICLES OF INCORPORATION

ARTICLE IX = Section 2 (Two):

Should any stockholder desire to sell the stock owned by him, he shall first offer same to the corporation and he may demand a price not to exceed any bona fide offer may by a third party, such price and the name of the offeror to be stated under oath. Whereupon, the corporation shall have thirty (30) days to accept or reject such offer. Should the corporation neglect or refuse to purchase such stock within thirty (30) days the owner thereof shall then offer the same to other stockholders but not for a price less than that at which it was offered to the corporation. Whereupon, the stockholders shall have thirty (30) days to accept or reject such offer. If any stockholders desire not to accept the offer, the others shall have the right to do so. Should all the stockholders neglect or refuse to purchase such stock within thirty (30) days, the owner thereof shall be at liberty to sell same to any person, but not for a price less than that at which it was offered to the corporation and the stockholders, and unless the transfer to any such person or persons shall be made within sixty (60) days from the date of the offer to the stockholders such shares of stock shall not be sold or transferred without being offered to the corporation and the stockholder for sale.

ARTICLE VI = Section 2 (Two):

Every director and/or officer of the corporation shall be indemnified by the corporation against all expenses and liabilities, including counsel fees, reasonably incurred by or imposed upon him in connection with any proceeding to which he may be made a party, or in which he may become involved, by reason of his being and having been a director and/or officer of the corporation, or any settlement thereof, whether or not he is a director and/or officer at the time such expenses are incurred, except in such cases wherein the director or officer is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties; provided that in the event of a settlement the indemnification herein shall apply only when the Board of Directors approves such settlement and reimbursement as being for the best interests of the corporation. The foregoing right of indemnification herein shall be in addition to and not exclusive of all other rights to which such director and/or officer may be entitled.

# CERTIFICATE OF INSURANCE

8/27/2018

**Producer:**  
**C & R Insurance Services, LLC**  
 987 Old Eagle School Road, Suite 715  
 Wayne, PA 19087  
 Tel: 800-637-7543

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.

COMPANIES AFFORDING COVERAGE

**Insured:**  
**James Anderson, Jr. DPM**  
 184 West Central Street  
 Franklin, MA 02038

<b>COMPANY</b>	<b>A Medical Protective</b>
<b>COMPANY</b>	<b>B</b>
<b>COMPANY</b>	<b>C</b>
<b>COMPANY</b>	<b>D</b>

COVERAGES, CONDITIONS, EXCLUSIONS, ENDORSEMENTS AND LIMITS ARE SUBJECT TO THE POLICY WORDS AND CONDITIONS. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE POLICY WORDS AND CONDITIONS, ENDORSEMENTS AND LIMITS ARE SUBJECT TO THE POLICY WORDS AND CONDITIONS.

CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<input type="checkbox"/> LIABILITY <input checked="" type="checkbox"/> <b>PHYSICIAN</b> <input type="checkbox"/> <b>WEEK</b> <input type="checkbox"/> OWNERS/EMPLOYEES <b>Professional Liability</b>	<b>801062</b>	<b>11/20/2018</b>	<b>11/20/2019</b>	COVERED OCCURRENCE <b>\$ 1,000,000</b> CLAIMS MADE ONLY <b>\$ 3,000,000</b>
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANNUAL <input type="checkbox"/> EQUIPPED AUTOS <input type="checkbox"/> RENTALS <input type="checkbox"/> MEDICALS <input type="checkbox"/> NONOWNED AUTOS				COMBINED SINGLE LIMIT BODILY INJURY BODILY INJURY AUTO PHYSICIAN
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANNUAL				AUTO PHYSICIAN MEDICALS AUTO ONLY BODILY INJURY BODILY INJURY
<b>B</b>	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> OWNERS/EMPLOYEES				COVERED OCCURRENCE CLAIMS MADE ONLY
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> THE PROPRIETOR/OWNERS <input type="checkbox"/> EMPLOYEES/OTHERS				FACTORY LIMIT FACTORY LIMIT FACTORY LIMIT FACTORY LIMIT

The Company of Operations: This policy is issued to the Applicant.

**PRODINST**  
**MEDICAL MALPRACTICE INSURANCE**  
**CLAIMS MADE POLICY - RETRO DATE: 7/22/1997**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
By Certificate Holder: Signature:	C & R Insurance Services, LLC will not be responsible for returning the certificate holder of any changes in coverage or in the limits of liability or in the event of the termination or cancellation of the policy.  Authorized Representative: <p style="text-align: center;"><b>PATRICK ROSS</b></p>



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:

January 09, 2019 10:42 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

