

Filing and License Fee: \$230.00 minimum

ID Number: 157726



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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 THERAPEDIATRICS, INC.

(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 Occupational Therapy

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

(a) If only one class: Total number of shares 10,000

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 54 Meadowrue Trail
(Street Address, not P.O. Box)

Saunderstown (Narragansett) 02874

(City/Town)

, RI

(Zip Code)

and the name of its initial registered agent

at such address is Dina Dicola

(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.

FILED

AUG 01 2006

By [Signature]
154-080106

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:

No shares shall be transferred without first being offered
back to the Corporation.

8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Dina Dicola	54 Meadowrue Trail
	Saunderstown (Narragansett)
	RI 02874

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: 7/31/06

Dina & D. Dicola

Signature of each Incorporator

INTERSTATE
INSURANCE
GROUP

CHICAGO INSURANCE COMPANY

Executive Offices
55 E. MONROE STREET
CHICAGO, ILLINOIS 60603

Client #
754854

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	07/12/06	NEW	44-2010129

Offered through Allied Health Purchasing Group Association

SECTION I

DECLARATIONS

Item **CERTIFICATE NUMBER: AHL 2885723**

1. Named Insured: THERAPEDIATRICS
DINA DICOLA
2. Mailing Address: C/O 54 MEADOWRUE TRAIL
SAUNDERSTOWN, RI 02874
3. Policy Period: From: 07/05/2006 To: 07/05/2007
12:01 A.M. Standard Time At Location of Designated Premises
4. Business or Profession: Affiliation: AMN. OCCUPATIONAL THERAPY ASSOCIATION
OCCUPATIONAL THERAPIST
S/E MORE THAN 20 HOURS A WEEK
5. The Named Insured is a(n): ☐ Partnership ☐ Corporation ☒ Individual
☐ Sole Proprietor (with employees) ☐ Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2087(04/00), PLJ-2037(05/98), PON-2003, POE-2151(10/98)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$212.00
B.	General Liability <input checked="" type="checkbox"/>	\$120.00
	Endorsements <input type="checkbox"/>	

TOTAL: \$332.00

LIMITS OF LIABILITY

\$ 1,000,000 each Incident and
each Occurrence \$ 3,000,000 Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services
a service of SEABURY & SMITH
1440 RENAISSANCE DRIVE
PARK RIDGE, IL 60068
1-800-503-9230