

Filing Fee: \$150.00



State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903-1335

Corp. I.D. # _____

109930
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DEC 24 12 07 PM '99

BUSINESS CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator (s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

FIRST: The name of the corporation is Denise M. Goodman DMD, Inc.

(A close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended) (strike if inapplicable)

SECOND: The period of its duration is (if perpetual, so state) perpetual

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the general practice of dentistry
and for the transaction of any or all other
lawful business for which corporations may be
incorporated under Chapter 7-1.1 of the
General Laws of Rhode Island, 1956, as amended.

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FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

- (a) *If only one class:* Total number of shares100.....
(If the authorized shares are to consist of one class only, state the par value of such shares or a statement that all of such shares are to be without par value.)

without par value

or

- (b) *If more than one class:* Total number of shares
(State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of title 7 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.)

FIFTH: Provisions (if any) dealing with the preemptive right of shareholders pursuant to §7-1.1-24 of the General Laws, 1956, as amended:

none

SIXTH: Provisions (if any) for the regulation of the internal affairs of the corporation:

The regulation of the internal affairs of the corporation shall be pursuant to its by-laws.

SEVENTH: The address of the initial registered office of the corporation is 690 Sherman Farm Rd., Harrisville, RI 02830 (add Zip Code) and the name of its initial registered agent at such address is: Denise M. Goodman

Denise M. Goodman
Signature of registered agent

EIGHTH: The number of directors constituting the initial board of directors of the corporation is 1 and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

(If this is a close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended, state the name (s) and address (es) of the officers of the corporation.)

Name	Address
Denise M. Goodman - President	690 Sherman Farm Rd., Harrisville, RI 02830
Denise M. Goodman - Vice President	same as above
Denise M. Goodman - Secretary	same as above
Denise M. Goodman - Treasurer	same as above

NINTH: The name and address of each incorporator is:

Name	Address
Denise M. Goodman	same as above

TENTH: Date when corporate existence to begin (not more than 30 days after filing filing of these articles of incorporation):

upon filing JANUARY 3, 2000

Dated 12/9, 1999

Denise M. Goodman
Signature of each incorporator
Denise M. Goodman

STATE OF RHODE ISLAND

~~City~~

In the

Town

of

COUNTY OF PROVIDENCE

in said County this

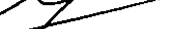
day of,

., A.D. 19

then personally appeared before me Denise M. Goodman.

Denise M. Goodman

each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged said instrument by ~~them~~^{her} subscribed to be ~~their~~^{her} free act and deed.


 Notary Public
 FRANCES M. DULAC
 Notary Public
 My Commission Expires: 7/18/11

FILED

DEC 24 1999

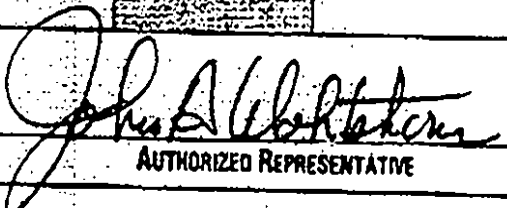
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EASTERN DENTISTS INSURANCE COMPANY

A DENTAL SOCIETY RISK RETENTION GROUP

CERTIFICATE OF INSURANCE

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INSURED:	Denise M Goodman DMD 690 Sherman Farm Road Hartford, RI 02864	INSURER:	Eastern Dentist Ins Co
COMPANY:	EASTERN DENTIST INSURANCE COMPANY (A DENTAL SOCIETY RISK RETENTION GROUP) 200 FRIBERG PARKWAY SUITE 2002 WESTBOROUGH, MA 01581	POLICY NUMBER:	RIC9900039
LIMITS:	\$1,000,000 EACH CLAIM \$3,000,000 ANNUAL AGGREGATE	COVERAGE:	PROFESSIONAL LIABILITY
PERIOD OF INSURANCE:		PERIOD OF POLICY:	10/22/1999-10/22/2000
CANCELLATION:	Should the described policy be Cancelled before the expiration date, thereof, E.D.I.C. will endeavor to mail, 30 (thirty) days written notice, to the certificate holder named herein, but failure to mail such notice shall impose no obligation nor liability of any kind upon E.D.I.C., its agents, or representatives.	DATE OF ISSUANCE:	12/22/1999
Certificate Holder:		 AUTHORIZED REPRESENTATIVE	