Filing and License Fee: \$230.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FILED

JAN 0 4 2007

PROFESSIONAL SERVICE CORPORATION

THA 4-NATIONS D

ARTICLES OF INCORPORATION

| The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 🛂 2 of Fie |
|--|
| 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 A & B Ane | sthesia Associ | ates, P.C | | | | |
|---|--|------------------|------------|-------------|---|--|--|
| | (This is a close corporation pursuant to | o § 7-1.2-1701 c | f the Gene | ral Laws, 1 | 956, as amended.) (Strike if inapplicable.) | | |
| 2. | The profession to be practiced through the | professional | service | corporation | on is anesthesiology and pain management | | |
| 3. | The total number of shares which the corpo | oration has a | uthority (| o issue is |): : | | |
| | (a) If only one class: Total number of shares 1,000 shares of Common Stock | | | | | | |
| | | | <u>or</u> | | | | |
| A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as ame respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired 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 be desired but which is not fixed by the articles: | | | | | | | |
| 4. | The address of the initial registered office of the corpor | | | 116 Edd | ie Dowling Highway (Street Address, <u>not</u> P.O. Box) | | |
| | North Smithfield | , RI | 02824 | | _ and the name of its initial registered agent | | |
| | (Cily/Town) | | (Zip | Code) | | | |
| | at such address is Abdul Barakat, MD | | | | <u></u> , | | |
| | (Name | | | | | | |

- 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.

| Additional provisions, if any, not in these Articles of Incorporation: | nconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in |
|--|--|
| | |
| ·-·· | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| The name and address of each inc | comorator is: |
| Name | Address |
| James P. Hawkins | c/o Posternak Blankstein & Lund LLP, 800 Boylston Street, Boston, MA 02199 |
| | |
| | |
| | |
| These Articles of Incorporation sha than the 90th day after the date of t | all be effective upon filing unless a specified date is provided which shall be no late his filing |
| | Under penalty of perjury, I/we declare and affirm that I/we have |
| | examined these Articles of Incorporation, including an accompanying attachments, and that all statements contained |
| | herein are true and correct. |
| ate: January 3, 2007 | _ Jang tanking |
| | |
| | Signature of each Incorporator |
| | |

| PRODUCES (617)488-6600 FAX (617)488-6601 NATHAN SAIDO INSURANCE CERRIFICATE Boston, MA 0214-4721 MISURERS AFFORDING COVERAGE MISURERS AFFORDING COVERAGE AND OCEAN THIS CERTIFICATE DOES NOT AMENO, EXTEND OR ALTER IT HE COVERAGE AFFORDED BY THE POLICIES BELOW HAVE BEEN ISSUED TO THE INSURED A MAILER OF THE COVERAGE AND CONCINTANT OR CONDITIONS OF ANY COMPANIES | | AC | 0; | RD CERTIFIC | CATE OF LIABIL | ITY INS | URANC | E | | TE (MM/DD/YYYY) |
|--|-----------------|--------------|-------------|---|--|---|-------------------|--|--------------|-----------------|
| Nathan Sallop Insurance Agency, Inc. 25 New Charlon Street Boston, MA 02114-4721 Nation Associates PC And Occar State Pain Management PC 1725 Mendon Rd. Cumberland, RI 02864 NEURIN INSURANCE General Star Indemnity Co. Naugher Control of Con | PRO | DUCE | R (| 617)488-6600 | FAX (617)488-6601 | THIS CER | TIFICATE IS ISSI | JED AS A MATTER OF | INFO | RMATION |
| ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. NOURIE AFFORDED BY THE POLICIES SELOW. NOURIE AFFORDED BY THE POLICIES SELOW. NOURIE AFFORDED BY THE POLICIES PLOW. NOURIE AFFORDED BY THE POLICIES PLOW. NOURIE AFFORDED BY THE POLICIES SELOW. NOURIE AFFORDED BY THE POLICIES SELOW. NOURIE BY SAURIE BY SAURIE BY SAURIE AFFORDED BY SAURIE | | | | | cy, Inc. | ONLY AND | CONFERS NO | RIGHTS UPON THE CE | RTIF | ICATE |
| ROSTOR, MA 02114-721 ROSURED ABB Anesthesia Associates PC and Ocean State Pain Management PC 1725 Mendon Rd, Cumber Tand, RI 02864 COVERAGES THE PORCES OF INSURANCE USTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AGONE FOR THE POLICY PERDO INSCRIPTION AND PROPERTY THE MOLECULAR DEPORT OF ANY PEOLICY PERDO INSURANCE INSTRUMENT OF ANY PEOLICY PEOLICY PERDO INSURANCE INSTRUMENT OF ANY PEOLICY PEOLIC | | | | | | ALTER TH | E COVERAGE A | FFORDED BY THE PO | JCIE | S BELOW. |
| and Ocean State Pain Management PC 1725 Mendon Rd. Cubberland, RI 02864 **SOURCE OF MANAGEMENT NO. 102864 **SOURCE OF | Во | sto | n, | MA 02114-4721 | | | | | | |
| 1725 Mendon Rd. Cumber land, RI 02864 SEMERIC SECURITY INSURANCE LIGHTER BELLOW HAVE SERVE SOCIETY TO THE SOURCE OF MAND ARMY FOR THE POLICY PERIOD INCIDATED, NOTWITHSTANDE MAY PERITAR, THE INSURANCE APPROVED BY THE POLICIES DESCRIBED HEREIN IS SURJECT TO THE SOURCE OWNERS THE POLICIES DESCRIBED HEREIN IS SURJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUIZ POLICIES. DESCRIBED HEREIN IS SURJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUIZ POLICIES. DESCRIBED HEREIN IS SURJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUIZ PROVIDED TO ALL THE TERMS, EXCLUSI | MSU | ЯED | A&E | Anesthesia Associat | tes PC | INSURER A: GO | neral Star | Indemnity Co. | \top | |
| COVERAGES THE PREVIEW OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE RUSHED MANED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDE AND VERTIFIAND THE RUSHED AND COMMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED ON ANY PETRIAN. THE RUSHANCE AFFORDED BY THE PRIVILED BY PAUL CLASS. ANY PETRIAN. THE RUSHANCE AFFORDED BY THE PRIVILED BY PAUL CLASS. ANY PETRIAN. THE RUSHANCE AFFORDED BY THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE RUSHANCE AFFORDED BY THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE RUSHANCE AFFORDED BY THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE PRIVILED BY PAUL CLASS. ANY PETRIAN AND CONTROL LIBRARY AND CHARGE TO THE PRIVILED BY PAUL CLASS. AND THE PRIVILED BY THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE PRIVILED BY THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE PRIVILED BY THE PRIVILED BY PAUL CLASS. THE PRIVILED BY THE PRIV | | | and | i Ocean State Pain Ma | inagement PC | | | | \dashv | |
| COVERAGES THE POLICIES OF HISDIANCE LISTED BLOW HAVE BEEN INSIDED TO THE MISSINGH DAMED ABOVE FOR THE POLICY PERIOD MICHAELS NOTWITHSTANDED MAY PERFORM THEN OF CONTROL OF ANY PERFORMANCE AFFORDED BY THE POLICIES ADDRESS TO THE MISSINGH DAMED ABOVE FOR THE POLICY PERIOD MICHAELS NOTWITHSTANDED MAY PERFORM THE NOTIONAL PRODUCTS AND PERFORM THE NOTIONAL PRODUCTS AND PERFORMANCE AFFORDED BY THE POLICIES ADDRESS TO THE POLICY PERIOD MICHAELS NOTWITHSTANDED MAY PERFORM THE POLICY PERIOD MICHAELS NOTWITHSTANDED FOR MAY PERFORM THE POLICY PERFORMANCE AFFORDED BY THE POLICY PERFORMANCE AND POLICY BY THE POLICY PERFORMANCE AND POLICY BY THE POLICY PERFORMANCE AFFORDED BY THE POLICY PERFORMANCE AND POLICY BY THE POLICY BY | | | 172 | 25 Mendon Rd. | | INSURER C: | | | _ | |
| COVERAGES WAY PERCUISES OF INSURANCE LISTED BEIOW HAVE BEEN INSUED TO THE HISSUED NAMED ABOVE FOR THE FOLIO'S PERCEPT DISCUSSION AND PERCUISES OF THE PROCESS ADDRESS OF THE PROCESS OF THE PROCESS ADDRESS OF THE PROCESS OF THE PROCESS ADDRESS OF THE PROCESS OF THE PROCESS ADDRESS OF THE PROCESS ADDRESS OF THE PROCESS ADDRESS OF THE PROCESS OF THE PROCESS OF THE PROCESS ADDRESS OF THE PROCESS OF THE PROC | | | Cun | berland, RI 02864 | | INSURER D: | | | | |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DIGICATE, DOWNINGTAND ANY REQUIREMENT, TERM OR COMMON HAVE RESPECT TO MAIL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MAY PERIAD. MAY PERIAD. THE INCURNACE APPOINCE BY THE POLICIES DESCRIBED HERE IN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MAY PERIAD. THE POLICY PRIMARY THE INCURNACE APPOINCE BY THE POLICIES DESCRIBED HERE IN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MAY PERIAD. THE POLICY PRIMARY THE INCURNACE APPOINCE BY THE POLICIES BY THE POLIC | | | | | | INSURER E: | | <u> </u> | \dashv | |
| THE PROLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DIGICATES, NORMINETANDE NAME POLICY PERIOD DIGICATES, NORMINETANDE NAMED REPORT TO THE POLICY PERIOD DIGICAL STATES AND EXCELLISIONS AND CONDITIONS OF SUCH MAY PERIOD DIGICAL PROPERTY OF THE POLICY PERIOD OCCURRENCE OF THE POLICY PERIOD CAMBO. THE POLICY PERIOD TO THE POLICY PERIOD CAMBO. A TO THE POLICY PERIOD COURT OF THE POLICY PERIOD CAMBO. A TO COMPANIE LUBRITY AND ALLOWED ALTOS SCHOOL STATES AND THE POLICY PERIOD CAMBO. AND POLICY PERIOD COURT OF THE POLICY PERIOD CAMBO. AND POLICY PERIOD COURT OF THE P | CO | VER | AGE | S | | <u></u> | | | | |
| REPRENTAL LIABLE ITY COMMERCIAL GENERAL LIABLE ITY X CAMES MADE COCUR AT Physicians Malprac GENERAL GENERA | AI M | AY PI | ERT/ | IHEMENT, TERM OR CONDITION NN, THE INSURANCE AFFORDE | N OF ANY CONTRACT OR OTHER DO ED BY THE POLICIES DESCRIBED HE | OCUMENT WITH F EREIN IS SUBJEC | RESPECT TO WHIC | H THIS CERTIFICATE MAY | BE IS | SUEDOR |
| REPRENTAL LIABLE ITY COMMERCIAL GENERAL LIABLE ITY X CAMES MADE COCUR AT Physicians Malprac GENERAL GENERA | | | _ | | | | POLICY EXPIRATION | 1 1007 | 'R | |
| COMMERCIAL GENERAL LIBERTY X CLAMB MODE OCCUR A Privation Nation 100,1 A Privation Nation 100,1 A Privation Nation 100,1 A Privation Nation 100,1 A Privation Nation 100,0 GERLAL AGRICULTS - COMPAND AGE 100,000,1 A AUTOURBLE LIMERTY 100,000,1 A AUTOURBLE | | الالعبد | | | | | | | · · | 1,000,000 |
| A X Physicians Mal prac GDM AGRECATE LARM APPLES FER POLICY PEP Loc AMTONOBILE LARM APPLES FER POLICY PAPEL PEP LOC AMTONOBILE LARM APPLES FER POCICITS - COMPONENT SER POLICY PAPEL PEP LOC AMTONOBILE LARM APPLES FER POCICITS - COMPONENT SER POLICY PAPEL PEP LOC AMTONOBILE LARM APPLES FER POCICITS - COMPONENT SER POLICY PAPEL PEP LOC AMTONOBILE LARM APPLES FER POCICITS - COMPONENT SER POLICY PAPEL PEP LOC AMTONOBILE LARM APPLES FER POCICITS - COMPONENT SER POLICY SER POLICY PAPEL PEP LOC AMTONOBILE LARM APPLES FER POCICITS - COMPONENT SER POLICY SER POLICY SER POLICY SERVED FER LARM APPLES FER POCICITS - COMPONENT SERVED FOLICES SECRETED POLICES SE CANCELLED SECOND THE EXPRANTON DEPT TO MAIL SOURCE POLICY SECOND PAPEL POLICY SECOND PAPEL PAPEL PEP LOCATION TO MAIL SHOW FOR THE RESUMP SECOND PAPEL PAPEL PEP LOCATION TO MAIL SHOW FOR THE MEDICAL PAPEL PAPEL PEP LOCATION TO MAIL SHOW FOR THE MEDICAL PAPEL PAPEL PEP LOCATION TO MAIL SHOW FOR THE MEDICAL PAPEL PAPEL P | | | | COMMERCIAL GENERAL LIABILITY | | , | | DAMAGE TO RENTED | <u> </u> | 100,000 |
| A Y Physicians Malprac GOYL AGORGGATE LIMIT APPLES PER POLOT SOOT LOC ALTOWOBLE LIMITS LOC ALTOWOBLE LIMITS LOC ALTOWOBLE LIMITS SOON | | | \vdash | |] | | } | | - | 10,000 |
| GOPT AGGREGATE LIMIT APPLES PER POLICY 1007 1007 1007 1007 100 | A | | X | | | | \ | <u> </u> | _ | |
| DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING S. DESCRIPTION OF DEPENDING AND DESCRIPTION AND DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH DESCRIPTION OF DEPENDING LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORGEMENT / GEOGRAPH PROVISIONS ADDED BY A DEPORT ADDED BY A DEPOR | • | | | - Water and I with me | | | 1 | | - | |
| AUTOMOBILE LABELITY AUTOMOBILE CLAMS MADE EXCERCIALMEBILLA LABBLITY COENATIBLE RETERTION RETERTION WORDING GOVERNATION HAD EXPLORED LABELIABLITY AUTOMOBILE RETERTION RETERTION WORDING GOVERNATION HAD EXPLORED LABELIABLITY ANY PROPRETIORSANTINE PRECEDITIVE OFFICIAL STATUS ANY PROPRETIORSANTINE PRECEDITIVE OFFICIAL STATUS OFFICIAL STATUS ANY PROPRETIORSANTINE PRECEDITIVE OFFICIAL STATUS AUTOMOBILE RELIGIOUS STATUS EL DISEASE - ROLEY LIMIT S DESCRIPTION S S EL DISEASE - ROLEY LIMIT S DESCRIPTION S S EL DISEASE - ROLEY LIMIT S DESCRIPTION S S EL DISEASE - ROLEY LIMIT S CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendo Rd. CUMBER LABBLITY COMMENT MERCENTICAL SOLUTION SINUAR MELLES DECANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISUING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISUING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISUING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISUING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISINING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISINING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THERROY, THE SISINING BRURER WALL ENDEVOR TO BUILD ANY OF THE AROY EDSCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE TO BUILD ANY OF THE AROY EDSCRIPTION OF THE LEFT, ANY THE MEDILED ANY THE MEDILED AND THE LEFT, ANY THE MEDILED ANY THE MEDILE | | | GE | VI AGGREGATE I NAT ADDI IED DED- | } | | 1 | | <u> </u> | 3,000,000 |
| AUTOWORLE LIABLITY ALL OWNED AUTOS ALL OWNED AUTOS MONOWNED AUTOS MONOWNED AUTOS MONOWNED AUTOS ANY AUTO ALL OWNED AUTOS MONOWNED AUTOS MONOWNED AUTOS AUTO ONLY - EA ACCIDENT 5 COMPRITIVAN AUTO ONLY - EA ACCIDENT 6 COMPRITIVAN AUTO ONLY - EA ACCIDENT 7 COMPRITI | | | ٣ | | | | 1 | - moutora - comptor AGG | ! — | 3,000,000 |
| SCHEDULED AUTOS MECHATIOS MICHATIOS MICHATIOS MONOWMED AUTOS MONOWMED | | | AUT | TOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| ACACHAGE LIABRITY OARAGE LIABRITY ANY AUTO ANY AUTO EXCRESSIONERIELLA LIABRITY OCCUR CLAIMS MADE CLAIMS MADE CONNECTED CLAIMS MADE DEDUCTIBLE RETENTION 8 WORKERS COMPERSATION AND EMPORENT LIABRITY ANY PROPRECIOPATION REVENUE OFFICE MADE STATE OFFICE MADE STATE AND CONTEST THAN AND CONTEST THE SELECTION ADDRESS ADDRESS AND THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE CRAFT CONTEST THE CASE OF THE MADE AND ADDRESS AND ADDRES | | | | | | | | | 5 | |
| DARAGE LABBLITY ANY AUTO ANY AUTO EXCESSABLEMBRELLA LIABBLITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$ WORKERS COMPERED NAME EACH OCCURRENCE \$ AGGREGATE \$ CEACH OCCURRENCE \$ AGGREGATE \$ WORKERS COMPENS LIABBLITY ANY PROPERTOR NAME EXCUDEDTY If you desire surveyer and the survey of | | | | · -· | | | | | \$ | |
| ANY AUTO OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ EXCESSIVEMENTELLA LUABILITY OCCUR CLAIMS MADE OCCUR CLAIMS MADE OEDUCTIBLE RETENTION \$ WONDERS COMPRISATION AND EMMOVERS LUABILITY ANY POPPER TURNELITY AND AND ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN HOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, OP ANY KIND UPON THE RESURED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN HOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, OP ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED AND SOLICATION OR LUBBILITY OF ANY KIND UPON THE RESURED FOR THE PERSENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE | | | | | | | | PROPERTY DAMAGE (Per accident) | 5 | |
| EXCESSIVERRELIA LIABLITY EXCESSIVERRELIA LIABLITY OCCUR CLAIMS MADE OCCUR CLAIMS MADE OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$ EMCHOCCURRENCE \$ AGGREGATE \$ EMCHOCCURRENCE \$ AGGREGATE \$ WORKERS COMPRIGHTORY AND \$ WORKERS COMPRIGHTORY AND \$ WORKERS COMPRIGHTORY AND TORY LIMITS IF R EMCHOCRET LIABLITY ANY PROPRETORY AND PROPRETORY AND ANY PROPRETORY AND AND ANY PROPRETORY | | | GAI | RAGE LIABRITY | i | | 1 | AUTO ONLY - EA ACCIDENT | \$ | |
| EXCESSALIMBRIELA LIABRITY OCCUR CLAIMS MADE CODUCTIBLE RETENTION S WORKERS COMPRISATION AND EMPLOYERS LIABRITY ANY PROPERTOR PARTMEN REXECUTIVE OFFICENA MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Annesthesiology & Pain Management Practice. OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Annesthesiology & Pain Management Practice. Other locations include: 115 Cass Ave., Woonsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 AUTHORIZED REPRESENTATIVE EACH OCCURRENCE \$ AGREGATE \$ MCSYATUL \$ LL DISEASE - POLKY LIMIT \$ EL EACH ACCIDENT \$ EL DISEASE - POLKY LIMIT \$ EL DISEASE - POLKY LI | | | \vdash | ANY AUTO | | | | UIDEN INVIT | 1 | |
| DESCRIPTION OF DEPARTIONS/ LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SECOLAL PROVISIONS DESCRIPTION OF DEPARTIONS/ LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SECOLAL PROVISIONS DRIOW DESCRIPTION OF DEPARTIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS OTHER DESCRIPTION OF DEPARTIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS AND STATE OF THE LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS ADDED BY ENDONSEMENT / SPECIAL PROVISIONS ADDED BY SEASON / SPECIAL PROVISIONS ADDED BY SEASON / SPECIAL PROVISI | | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | | 700 | - | |
| DESCRIPTION 5 WORKERS COMPRESATION AND EMPLOYERS LIBBLITY ANY PROPRECTORPANTINE PREVENCEUTIVE OFFICE PROPRIENCE PROVISIONS APPROPRIENCE PROVISIONS Delice DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS ARRESTRESS TO SUBJECT TO THE ELECTRACE POLICY LIMIT \$ DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS ARRESTRESS TO SUBJECT TO THE SECOND STATE OF THE SEXURIA INSURE THE CEXTRICTION AND LIBITITY A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MO 1725 Mendon Rd. Cumberland, RI 02864 | | | EAL | | | | | | - | |
| DESCRIPTION 9 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | CTAINS MADE | | | 1 | AGGREGATE | | |
| MONKERS COMPENSATION AND EMPLOYERS LIBBLITY ANY PROPRIETORPATNER EXECUTIVE OFFICE FINAL BURST STATE OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS ARE STRESS IN MAINTENEMENT OF THE MONTH OF THE ABOVE DESCRIBED POLICIES DE CANCELLED BEFORE THE A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 MONTHS MEDITAL BARDES OF BEING SURGED BY ENDORSEMENT OF THE MONTH OF THE ABOVE DESCRIBED POLICIES DE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CENTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLING TO MAIL SUCH HOLDER HAMED | | | \vdash | 1 | ļ | | | <u> </u> | <u> </u> | |
| WORKERS COMPENSATION AND EMPLOYER'S LABBILITY ANY PROPRETORPANTHERIZECUTIVE OFFICERMENDER EXCLUDED? If you don't be might SPECIAL PROVISIONS below DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS ARES thesiology & Pain Management Practice. Other locations include: 115 Cass Ave., Woonsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 | | | | ' ' | | | } | | \$ | |
| EL EACH ACCIDENT ANY PROPRIETOR PARTINE RESECUTIVE OFFICER MEMBER EXCLUDED? If you disputs burding SPECIAL PROVISIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Anesthesiology & Pain Management Practice. Other locations include: 115 Cass Ave., Woonsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 EL DISEASE - POLICY LIMIT \$ EL DISEASE - REMPLOYET \$ EL DISEASE - RE | | | | RETENTION \$ | | | | Luce every | \$ | |
| A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MO 1725 Mendon Rd. Cumberland, RI 02864 EL DISEASE - EACH ACCODENT EL DISEASE - EA EMPLOYIL 8 EL DISEASE - EA EMPLOYIL 8 EL DISEASE - EA EMPLOYIL 8 EL DISEASE - POLICY LIMIT 3 EL DISEASE | | | | | ļ l | | İ | TOAY LIMITS LER | <u> </u> | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Anesthesiology & Pain Management Practice. Other locations include: 115 Cass Ave., Woonsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLURE TO MAIL BUCH NOTICE SHALL EMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, ITS MOENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE | | ANY | PRO | PRIETORPARTNER/EXECUTIVE | | | ļ | E.L. EACH ACCIDENT | \$ | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Anesthesiology & Pain Management Practice. Other locations include: 115 Cass Ave., Woonsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MO 1725 Mendon Rd. Cumberland, RI 02864 EL DISEASE - POLICY LIMIT \$ In Disease - Policy Limit \$ EL DIS | | | _ | | | | } | ELL DISEASE - EA EMPLOYET | 8 | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Anesthesiology & Pain Management Practice. Other locations include: 115 Cass Ave., Woomsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 DESCRIPTION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL EMPEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLINE TO MAIL SUCH NOTICE BHALL EMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE MISSURED, HIS GENTS OR REGRESTIVATIONS. AUTHORIZED REPRESENTATIVE | | SPE | CIALI | PROVISIONS below | | | | ELL DISEASE - POLICY LIMIT | \$ | |
| Other locations include: 115 Cass Ave., Woonsocket, RI 02895 and 116 Eddie Dowling Highway, North Smithfield, RI 02896. Physicians Malpractice Coverage for Dr. Abdul Barakat, MD and entities named above. CERTIFICATE HOLDER A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD and entities named above. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING RISURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE MISURED, HEXIGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE | DES | | | E ODERATIONS () COATIONS | ICO / SUCH HOLDING ADDRESS OF THE SUCH ASSESSMENT OF THE SUCH ASSESS | EUT / PRIVAL | FIRMS | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLINE TO MAIL BUCH NOTICE BHALL IMPOSE NO OBLIGATION OR LIABILITY 1725 Mendon Rd. Cumberland, RI 02864 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLINE TO MAIL BUCH NOTICE BHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, ATS MOENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE | Oth Nor | er i th S | loc: Smi | ations include: 115 (thfield, RI 02896. | Cass Ave., Woonsocket, | RI 02895 an | d 116 Eddie | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL BUCH NOTICE BHALL IMPOSE NO OBLIGATION OR LIABILITY 1725 Mendon Rd. Cumberland, RI 02864 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL BUCH NOTICE BHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, ITS MOENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE | CFI | ALT S | ICA. | TE HOLDER | | CANCELLAT | TION | | | |
| A&B Anesthesia Associates PC and Ocean State Pain Management PC Dr. Abdul Barakat, MD 1725 Mendon Rd. Cumberland, RI 02864 EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FARLING TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, ATS AGENTS OR REPRESENTATIVES. | | | - ٧/ | 7 - (1V-V-(1) | | | | CRIBED POLICIES DE CANCELL | ED RF | FORE THE |
| A&B ARESTRES 1a ASSOCIATES PC. and Ocean State Pain Management PC Dr. Abdul Barakat, MO 1725 Mendon Rd. Cumberland, RI 02864 10 Days Written Notice to the Certificate Holder Named to the Left, But FARURE TO MAIL SUCH NOTICE BHALL IMPOSE NO OBLIGATION OR CLABILITY OF ANY KIND UPON THE INSURED, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE | | | | | | | | | | |
| Dr. Abdul Barakat, MD But far une to Mail such notice shall impose no obligation or liability 1725 Mendon Rd. Cumberland, RI 02864 But far une to Mail such notice shall impose no obligation or liability of any kind upon the insured, as a Cents or representative authorized representative | | | | | | 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, | | | | |
| 1725 Mendon Rd. Cumberland, RI 02864 OF ANY KIND UPON THE WISLINED AS AGENTS OF REPRESENTATIVES. AUTHORIZED REPRESENTATIVE | | | | | enagement PC | | | | | , |
| Cumber land, RI 02864 AUTHORIZED REPRESENTATIVE | 1725 Mendon Rd. | | | | | <u> </u> | | | | R CIABILITY |
| | | | | | | | | | | |
| I DOLLOW ALBULANCE AUTOMATA A A A A A A A A A A A A A A A A A A | | | Cun | nberland, RI 02864 | | | | | 1 | 2 |
| ACORD 25 (2001/08) OACORD CORPORATION 1 | AC | ORD | 25 | (2001/08) | | IJULIOP_III | animice vactor | 7 | :ORF | ORATION 1988 |