

Filing Fee \$150.00

ID Number: 104953



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

ORIGINAL 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:

1. The name of the corporation is EAST SIDE VISION CARE, INC.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended) (strike if inappl)

2. The period of its duration is (if perpetual, so state) Perpetual

3. The specific purpose or purposes for which the corporation is organized are:

Conducting an optometry business, including the examination of eyes and eye related diseases  
The prescribing of lenses including contact lenses. In general to engage in any lawful  
activity for which corporations may be organized under the general laws of Rhode Island;  
and to do any and all things and exercise any and all powers, rights and privileges which  
a business corporation may now or hereafter be organized or authorized to do or to exercise  
under the laws of the State of Rhode Island.

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

(a) If only one class: Total number of shares 600 (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 Chapter 7-1.1 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.);

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

FEB 19 1 34 PM '99      FEB 23 12 46 PM '99

**FILED**

FEB 23 1999

By WTVU 3  
2/21/99

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

\_\_\_\_\_

7. The address of the initial registered office of the corporation is 420 Angell Street  
(Street)

Providence, RI 02906 and the name of its initial registered agent at such address is  
(City/Town) (Zip Code)

Irving J. Waldman, Esq.

8. The number of directors constituting the initial board of directors of the corporation is \_\_\_\_\_ 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 Section 7-1.1-51 of the General Laws, 1956, as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

Title	Name	Address
President	<u>David R. Gabriel</u>	<u>293 Union Street Porthsmouth, RI 02871</u>
Treasurer	<u>David R. Gabriel</u>	<u>293 Union Street Porthsmouth, RI 02871</u>
Secretary	<u>David R. Gabriel</u>	<u>293 Union Street Porthsmouth, RI 02871</u>

9. The name and address of each incorporator is:

Name	Address
<u>David R. Gabriel</u>	<u>293 Union Street Porthsmouth, RI 02871</u>

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

Dated February 19, 19 99

  
\_\_\_\_\_

Signature of each Incorporator

STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE

In Providence, on this 19th day of February, 19 99, personally appeared before me David R. Gabriel

each and all known to me and known by me to be the parties executing the foregoing instrument, and ~~they~~ <sup>he</sup> ~~severally~~ acknowledged said instrument by ~~him~~ <sup>his</sup> subscribed to be their free act and deed.

  
Notary Public Kristen Prull Mooradian  
My Commission Expires: December 18, 2000

RV27547 EAST SIDE VISION CARE  
COMMERCIAL INSURANCE APPLICATION

5716420 - 0001

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APPLICATION INFORMATION SECTION DATE: 02/10/1999

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PRODUCER : CARRIER: GENERAL ACCIDENT INSURANCE  
          : COMPANY OF AMERICA  
CHRISTOPHER & REGAN INS., INC. : UNDERWRITER: DAIGNEAU  
130 TEN ROD ROAD :  
                                  : POLICIES OR PROGRAMS REQUESTED  
NORTH KINGSTOWN RI : BUSINESS ELITE  
                                  : APPLICATION-ID/POLICY NUMBER  
                                  : 5716420 - 0001  
PHONE: 401-885-4460 EXT: :  
ODE: 395146 :  
UB CODE: :  
AGENCY CUSTOMER ID: : CUSTOMER TAX ID  
                                  : *036-38-0555 - Fed ID# pending*

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STATUS OF SUBMISSION

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	! PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN
-- RENEWAL	! 02/28/1999	02/28/2000	---
X	! PAYMENT PLAN	AUDIT	X AGENCY
-- NEW BUSINESS	! N		--- DIRECT

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APPLICANT INFORMATION

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NAME (FIRST NAMED INSURED & OTHER NAMED INSURED)  
EAST SIDE VISION CARE

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MAILING ADDRESS (OF FIRST NAMED INSURED)  
213 THAYER ST  
  
PROVIDENCE RI 02906-1210

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-- INDIVIDUAL	X	---	CORPORATION	---	OTHER		20
							--- YEARS IN BUSINESS
-- PARTNERSHIP		---	JOINT VENTURE				

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INSPECTION CONTACT	PHONE	EXT
DP. DAVID GABRIEL	401-461-4500	
ACCOUNTING RECORDS CONTACT	PHONE	EXT
SAME	-	-

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PREMISES INFORMATION

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LOC #: 1	BLD #: 1	INTEREST	YR BUILT
213 THAYER ST		---	1958
PROVIDENCE	PROVIDENCE	X	PART OCC
CHARACTER OF BUSINESS: OFFICE - MEDICAL	PI 02906-1210	---	TENANT 20
CLASS: 032004 OPTOMETRISTS - 0			

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GENERAL INFORMATION

- 1. IS THIS APPLICATION FOR AN ASSOCIATION OR FRANCHISE PROGRAM? Y/N: N  
IF YES, SPECIFIC PROGRAM:
- 2. YEARS OF CURRENT MANAGEMENT EXPERIENCE: 20
- 3. DOES INSURED HAVE ANY OTHER BUSINESS INTEREST, OPERATIONS OR LOCATIONS NOT INSURED ON THIS POLICY? Y/N: N  
DESCRIPTION OF OTHER PREMISES, OPERATIONS OR LOCATIONS

ADDRESS:

DESCRIPTION:

EXCLUDE: OPERATIONS PREMISES AND OPERATIONS

- 4. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? Y/N: N

PRIOR CARRIER INFORMATION

LINE OF BUSINESS: BOP CARRIER: COMM UNION INS CO

POLICY NUMBER	PRIOR CARRIER TYPE	EXPIRATION DATE	TOTAL PREMIUM
	STANDARD		1,500.00

LOSS HISTORY

ENTER NUMBER OF CLAIMS OR OCCURENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS: 0

APPLICANT'S SIGNATURE:  DATE (MM/DD/YY): 2/22/99 PRODUCER'S SIGNATURE: \_\_\_\_\_

# ACORD WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YY)  
02/09/99

PRODUCER PHONE (A/C, No, Ext) (401) 885-4460	COMPANY	UNDERWRITER Debbie Reis
Christopher & Regan Insurance, 1130 Ten Rod Road Suite B202 North Kingstown RI 02852-	APPLICANT NAME East Side Vision Care	
	MAILING ADDRESS (Including ZIP code) 213 Thayer Street Providence RI 02906-	
CODE: SUB CODE:	YRS IN BUS: new	SIC: CORPORATION: Y LIMITED CORP: OTHER: PARTNERSHIP: SUBCHAPTER 'S' CORP:
AGENCY CUSTOMER ID 9EASTSIDE01	FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION		BILLING/AUDIT INFORMATION			
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN		AUDIT
<input type="checkbox"/> BOUND (Give date and/or attach copy) / /	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER:	<input type="checkbox"/> AT EXPIRATION
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> % DOWN:		<input type="checkbox"/> OTHER:

LOCATIONS	
# STREET, CITY, COUNTY, STATE, ZIP CODE	
1 213 Thayer Street	Providence, RI 02906

POLICY INFORMATION				
PROPOSED EFF DATE (MM/DD/YY) 03/01/99	PROPOSED EXP DATE (MM/DD/YY) 03/01/00	NORMAL ANNIVERSARY RATING DATE / /	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (State) RI	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/% OTHER COVERAGES
	\$500,000 EACH ACCIDENT		<input type="checkbox"/> MEDICAL	<input type="checkbox"/> U.S. & H.
	\$500,000 DISEASE POLICY LIMIT		<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> VOLUNTARY COMPENSATION
	\$500,000 DISEASE-EACH EMPLOYEE			
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

RATING INFORMATION									
STATE	LOC	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
RI	1	8013		Retail optical shop	FULL TIME	PART TIME	78000	1.87	1459

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS		FACTOR	FACTORED PREMIUM
Please apply scheduled credit to this account to be competitive with Public Service Mutual's \$1.53 rate		TOTAL	\$1459.00
		INCREASED LIMITS	1.7%
		DEDUCTIBLE	\$
		EXPERIENCE MODIFICATION	\$
		LOSS CONSTANT	\$
		ASSIGNED RISK SURCHARGE	\$
		ARAP	\$
		PREMIUM DISCOUNT	\$
		EXPENSE CONSTANT	\$ 160.00
			\$
MINIMUM PREMIUM \$	DEPOSIT PREMIUM \$	TOTAL EST ANNUAL PREMIUM	\$

**INDIVIDUALS INCLUDED/EXCLUDED**

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)								
#	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION
1	Dr. David Gabriel		pres.	100	optometrist/ retail	exc		

**PRIOR CARRIER INFORMATION/LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	conew business						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS**

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING—RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR—TYPE OF WORK, SUB-CONTRACTS, MERCANTILE—MERCHANDISE, CUSTOMERS, DELIVERIES, SERVICE—TYPE, LOCATION, FARM—ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Retail optical shop with optometrist on premises who performs eye exams.

**GENERAL INFORMATION**

EXPLAIN ALL 'YES' RESPONSES	YES	NO	EXPLAIN ALL 'YES' RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		N	15. ARE ATHLETIC TEAMS SPONSORED?		N
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE (D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		N	17. ANY OTHER INSURANCE WITH THIS INSURER?		N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		N	18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (LAST 3 YEARS)? NOT APPLICABLE IN MO		N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		N	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)		N	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		N	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		N
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?		N	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		N
9. ANY GROUP TRANSPORTATION PROVIDED?		N	CONTACT INFORMATION		
10. ANY EMPLOYEES UNDER 18 OR OVER 60 YEARS OF AGE?		N	IN. PHONE: ( ) -		
11. ANY SEASONAL EMPLOYEES?		N	SPECTION NAME: David Gabriel		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		N	ACCTNG RECORD PHONE: ( ) -		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		N	NAME: same		
14. DO EMPLOYEES TRAVEL OUT OF STATE?		N	CLAIMS INFO PHONE: ( ) -		
			NAME: same		

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

REMARKS

Note: This business is scheduled to open 3/1/99 and the insured will be incorporating within a few days of opening. At this time, we have no federal ID number. Please quote and apply whatever credits are available. Further information will be supplied upon binding.

APPLICANT'S SIGNATURE: *David Gabriel* PRODUCER'S SIGNATURE