Filing and License Fee: \$230.00 minimum

ID Number: 103553



## 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 7-4.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

(This is a close corporation pursuant	to § 7-1.2-1701 of the General Law	rs. 1956, as amended.) (Strike if inapplicable.)
The total number of shares which the corp	oration has authority to issu	e is:
(a) If only one class: Total number of shares	1,000	· · · · · · · · · · · · · · · · · · ·
	<u>or</u>	
A statement of all or any of the designations ar limitations, or restrictions of them, which are per respect of any class or classes of shares of the express grant of the authority as it may then be be desired but which is not fixed by the articles:	nd the powers, preferences, an mitted by the provisions of Chae corporation and the fixing of desired to grant to the board of	apter 7-1.2 of the General Laws, 1956, as amended, in which by the articles of association is desired, and an if directors to fix by vote or votes any of them that man
The decrees of the finital registered office of	я the corporation is 4/ Lo	ng Wharf Mali (Street Address, <u>not</u> P.O. Box)
Newport	, R! 02840	<del></del>
		and the name of its initial registered agent
(City/Town)	(Zip Code)	and the name of its initial registered agent
	The profession to be practiced through the The total number of shares which the corp (a) If only one class: Total number of shares  (b) If more than one class: Total number of sl A statement of all or any of the designations are limitations, or restrictions of them, which are perespect of any class or classes of shares of the express grant of the authority as it may then be be desired but which is not fixed by the articles:  The address of the initial registered office of of the initial registered of the initial registered office of the initial registered of t	(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, an limitations, or restrictions of them, which are permitted by the provisions of Charespect of any class or classes of shares of the corporation and the fixing of express grant of the authority as it may then be desired to grant to the board of be desired but which is not fixed by the articles:  The address of the initial registered office of the corporation is  47 Los

d 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** 

APR 20 2007

Form No 112 Revised 12/05

<ol><li>Additional provisions, if any, not in these Articles of Incorporation:</li></ol>	inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in
<del></del>	
<del></del>	
<del></del>	
8. The name and address of each inc	corporator is:
<u>Name</u>	<u>Address</u>
Eileen P. Hadfield	47 Long Wharf Mall, Newport, RI 02840
<ol> <li>These Articles of Incorporation sha than the 90<sup>th</sup> day after the date of the</li> </ol>	Il be effective upon filing unless a specified date is provided which shall be no later
	5 <u>- 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>
	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: 4/20/07	- Green C. Quefueld
	<u> </u>
	Signature of each Incorporator

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MEMORANDUM	OF INSURANC	CE	Date Issued:		
			03/19/2007		
Insured: The Center for Learning and Psychological Services 285 Corys Ln Portsmouth, RI 02871-1362		ices	This memorandum is issued as a matter or information only and confers no rights upon the holder. This memorandum does not amend extend or alter the coverages afforded by the policy and/or certificate listed below.		
Producer			Company Afford	ding Coverage	. <u></u>
Producer:  Trust Risk Management Services, Inc. 181 W Madison St Ste 2900 Chicago, IL 60602-4643		Ace American Insurance Company			
			Covered Person	(Status)	Owner
			The Center for Learni	• • •	X
above for the policy	and/or certificat	te period ind	listed below has bee	en issued to the i	nsured named
above for the policy condition of any cont may pertain. The ins terms, exclusions and	and/or certificated and or other documents of substitutions of substitutio	te period inc ument with re by the policy	listed below has bee licated, notwithstand espect to which this and/or certificate d nd/or certificate. The	en issued to the i ding any requirer memorandum ma escribed herein is e limits shown m	nsured named nent, term or y be issued or subject to all ay have been
condition of any cont may pertain. The insterms, exclusions and reduced by paid claim  Type of Insurance	and/or certificate ract or other documents of substitutions of substitutio	te period incument with reby the policy are policy are	listed below has bee licated, notwithstand espect to which this and/or certificate d nd/or certificate. The	en issued to the i ding any requirer memorandum ma escribed herein is e limits shown m	nsured named nent, term or y be issued or subject to all ay have been
above for the policy condition of any cont may pertain. The insterms, exclusions and reduced by paid claim	and/or certificated and or other documents of substitutions of substitutio	te period incument with reby the policy are policy are	listed below has bee dicated, notwithstand espect to which this and/or certificate d and/or certificate. The este Expiration Date	en issued to the i ding any requirer memorandum ma escribed herein is e limits shown m	nsured named nent, term or y be issued or subject to all ay have been
Professional Liability	and/or certificate ract or other documents afforded of conditions of subsections.  Policy and/or Certificate Number  58G2254262A	te period incomment with reby the policy and policy and Effective De	listed below has bee dicated, notwithstand espect to which this and/or certificate d and/or certificate. The este Expiration Date	en issued to the iding any requirer memorandum ma escribed herein is elimits shown multimates. Limits Each incident	nsured named nent, term or y be issued or subject to all ay have been hits
condition of any cont may pertain. The insterms, exclusions and reduced by paid claim  Type of Insurance  Professional Liability  Claims Made	and/or certificate ract or other documents afforded of conditions of subsections.  Policy and/or Certificate Number  58G2254262A	te period incument with reby the policy and policy and Effective December 204/30/2006	listed below has bee dicated, notwithstand espect to which this and/or certificate d and/or certificate. The este Expiration Date	en issued to the iding any requirer memorandum ma escribed herein is elimits shown multiple and incident.  Annual aggregate  ABOVE DESCRIBED FOR THE INCOMPANY WILL ENDER TO THE CERTIFICAT ILURE TO MAIL SUCH NOR LIABILITY OF ANDER REPRESENTATIVES.	sured named nent, term or y be issued or subject to all ay have been sits  \$ 1,000,000 \$ 4,000,000 \$ 4,000,000  COLICIES AND/OR EXPIRATION DATE AVOR TO MAIL 30 EN HOLDER NAMED HOLDER NAMED HOLDER NAMED HOLDER SHALL Y KIND UPON THE