



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 MAR 12 A 11:03

**Article of Incorporation****Professional Service Corporation**

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

**INNATE THREAD, PC**Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? ☒ Yes ☐ No

2. The profession to be practiced through the professional service corporation is:

**CHIROPRACTIC SERVICES**

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

*(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)***Total Authorized Shares**  
**(Number of Shares)****Class of Stock****Par Value Per Share****1,000****COMMON****PAR VALUE OF \$0.01**If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional):  
Check the box to indicate an attachment ☐

4. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

**CHELSEA M. SICKEL**

Street Address (NOT a P.O. Box)

**11 SO. ANGELL STREET, NUM. 151**

City/Town

**PROVIDENCE**

State

**RHODE ISLAND**

Zip Code

**02906**

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

**MAIL TO:****Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED****MAR 12 2020**BY *[Signature]* BPLVBT

6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

NONE

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

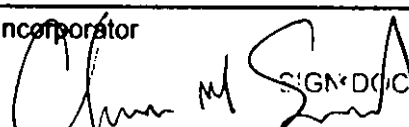
Name <b>CHELSEA M. SICKEL</b>	Address <b>11 SO. ANGELL STREET, NUM. 151</b>	
City/Town <b>PROVIDENCE</b>	State <b>RI</b>	Zip Code <b>02906</b>
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of 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.*

Signature of Incorporator  SIGN DOCUMENT HERE	Date <b>03/02/2020</b>
Signature of Incorporator  SIGN DOCUMENT HERE	Date
Signature of Incorporator  SIGN DOCUMENT HERE	Date



NCMIC INSURANCE COMPANY  
14001 UNIVERSITY AVENUE  
CLIVE, IA 50325-8258  
800-247-8043

**PROFESSIONAL LIABILITY DECLARATIONS**  
**Chiropractic Malpractice - Occurrence**

Policy #: MP00954324

Policy Period: From 01/01/2020 to 01/01/2021 12:01am  
Local Time at the address of the Named Insured

Reason for new Declaration:  
Corporation Add

Mailing Address: Innate Thread PC  
11 S Angell St # 151  
Providence RI 02906

**Change effective as of 01/01/2020**

**No additional premium for this change**

Person/Entity Insured:	Limits of Liability Per Claim/Policy Aggregate	Annual Premium
Innate Thread PC	2,000,000/4,000,000	1,050.00
Additional Coverages:		
Audit and Legal Defense Endors (Form #06-2036 06/2018)	60,000/60,000	No Charge
Initial Act Date: 8/1/2016		
Endorsement Inception Date: 1/1/2020		
State Licensing Board Prior Ac (Form #06-2038 06/2018)		No Charge
Discounts/Debits		
Professional Entity		-1,050.00
		<u>0.00</u>
Chelsea M Sickel DC		1,050.00
Discounts/Debits		
4th Yr License		-210.00
Claim Free Discount		-20.00
		<u>820.00</u>

**State Mandatory Endorsements Made Part of This Policy**

Rhode Island Cancellation Provision Endorsement (Form #40-2000 03/2011)

Rhode Island Interest on Judgment Endorsement (Form #40-2001 05/2006)

Rhode Island Action Against Us Endorsement Occ (Form #40-2002 10/2008)

**Taxes** 0.00

**Annual Premium** 820.00

**THIS IS NOT A BILL**

**A \$5.00 installment fee will be added to policy premiums paid other than annually.**

**THIS IS YOUR DECLARATIONS PAGE. PLEASE KEEP FOR YOUR RECORDS.**  
**TO CONFIRM COVERAGE, A PAYMENT RECEIPT IS AVAILABLE UPON REQUEST.**

Issued 01/30/2020 at Clive, IA  
Policy: MP2006 06/2018

**THIS IS NOT A BILL.**

- Insured Copy -

Form: U023 08/14  
jtuttle - Client



NCMIC INSURANCE COMPANY  
14001 UNIVERSITY AVENUE  
CLIVE, IA 50325-8258

## CERTIFICATE OF INSURANCE

**Policy #:** MP00954324

**Issued 01/30/2020 at Clive, IA**

**Policy Type:** Chiropractic Malpractice - Occurrence

**Policy Period:** From 01/01/2020 to 01/01/2021 12:01am  
Local Time at the address of the Named Insured

**Insured:** Innate Thread PC  
11 S Angell St # 151  
Providence RI 02906

**This certificate is provided on behalf of the Insured and is for information purposes only and extends no rights to anyone other than the Insured. This certificate does not amend, extend or alter the coverage afforded by the policy Coverages:**

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of the policy.

Type of Insurance	Policy #	Effective Date	End Date	Liability Limits Per Claim/Policy Aggregate
Professional Liability	MP00954324	1/1/2020	1/1/2021	2,000,000/4,000,000

Authorized Representative

Client  
Form: NCMIC-CERTDC OCC 09/2016



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 12, 2020 11:03 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

