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ID Number: 140462



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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SECRETARY OF STATE
CORPORATIONS DIV.
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BUSINESS CORPORATION

ARTICLES OF INCORPORATION
(To Be Filed In Duplicate Original)

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 Robert S. Gilardetti, D.M.D., M.D., Inc. ^{OK}

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

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:
To engage in the practice of the dental and medical specialty of oral and maxillofacial surgery.

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4. The aggregate number of shares which the corporation shall have authority to issue is:
(a) *If only one class:* Total number of shares 5,000 (If the authorized shares are to consist of one class only the par value of such shares or a statement that all of such shares are to be without par value.):

No par value.

(b) *If more than one class:* Total number of shares or (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, 1956, as amended, 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:
None.

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By KMC

M32545

6. Provisions, if any, for the regulation of the internal affairs of the corporation:

None.

7. The address of the initial registered office of the corporation is 691 Kingstown Road
Wakefield, RI 02903 (Street Address, not P.O. Box)
and the name of its initial registered agent
at such address is Robert S. Gilardetti, D.M.D., M.D.
(City/Town) (Zip Code)
(Name of Agent)

8. The number of directors constituting the initial board of directors of the corporation is one (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 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.)

| <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------|-------------------------------|------------------------------------|
| President | Robert S. Gilardetti, DMD, MD | 295 Homer Street, Newton, MA 02459 |
| | | |
| | | |
| | | |

9. The name and address of each incorporator is:

| <u>Name</u> | <u>Address</u> |
|-------------------------------|------------------------------------|
| Robert S. Gilardetti, DMD, MD | 295 Homer Street, Newton, MA 02459 |
| | |

10. Date when corporate existence is to begin May 28, 2004
(not prior to, nor more than 30 days after, the filing of these articles of incorporation)

Date: 5/7/04  5/7/04

Signature of each Incorporator

STATE OF MASSACHUSETTS
COUNTY OF SUFFOLK

In Boston, MA, on this 7th day of MAY, 2004, personally appeared before me ROBERT S. GILARDETTI, DMD, MD

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 subscribed to be their free act and deed


Notary Public
My Commission Expires: _____

MARK G. SHUB
Notary Public
My Commission Expires
August 23, 2007

ACORD CERTIFICATE OF LIABILITY INSURANCE

| | | | |
|--|--|---|---------------|
| PROVIDER AEICO Insurance Agency 180 Washington Street Providence, RI 02903 | | DATE (MM/DD/YYYY) 05/19/2004 | |
| INSURED Robert S Gilardetti DMD MD 691 Kingstown Road Wakefield, RI 02879 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: ProSelect Insurance Company | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

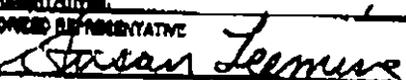
COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|---|---------------|------------------------------------|-------------------------------------|--|
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN. AGGREGATE LIMIT APPLIED PER POLICY: <input type="checkbox"/> 500 <input type="checkbox"/> 100 | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADY INJURY GENERAL AGGREGATE PRODUCTS - COMPOUND |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Per occurrence) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC 500 |
| EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | EACH OCCURRENCE AGGREGATE |
| WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OR SCHEDULED OFFICER If you check the under SPECIAL PROVISIONS below | | | | VOLUNTARY EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT |
| A Professional Liability | 2-10404 | 07/08/2003 | 07/08/2004 | \$2,000,000/\$5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Claims Made Form - Retro date 07/08/03

| | |
|--|--|
| CERTIFICATE HOLDER ROBERT S GILARDETTI DMD MD 691 KINGSTOWN ROAD WAKEFIELD, RI 02879 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LIMIT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |
|--|--|