



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
DEPT. OF STATE
BUS SVCS DIV

JUN 17 AM 10:26

RECEIVED
DEPT. OF STATE
BUS SVCS DIV
JUN 17 AM 10:26

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: Focal Acupuncture 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: puncture and oriental medicine/Chinese Med		
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
<u>10,000</u>	<u>Common</u>	<u>\$0.001</u>
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 United States Corporation Agents, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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

JUN 17 2020

BY 468031
10:24

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:

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

Name Gage Andreoli-Holmquist	Address 18 Maxson St	
City/Town Ashaway	State RI	Zip Code 02804
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 ONLY ONE BOX

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the day 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 <i>Gage Andreoli-Holmquist</i> Gage Andreoli-Holmquist	Date <i>5/27/2020</i>
Signature of Incorporator	Date
Signature of Incorporator	Date



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711

www.health.ri.gov

GAGE J ANDREOLI HOLMQUIST
18 MAXSON STREET
ASHAWAY RI 02804

Please find your license card attached below indicating your license type, license number and expiration date. Sign the reverse side of your card. Report any change of address or loss of card immediately to your licensing Board.

Information about your license Board and profession may be found on the Department's Web Site: www.health.ri.gov.



State of Rhode Island and Providence Plantations
Department of Health

Web Site: www.HEALTH.ri.gov

Safe and Healthy Lives in Safe and Healthy Communities

GAGE J ANDREOLI HOLMQUIST

Dr of Acup and Oriental Med/Chin Herb

DAOM00084 expires 02/01/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CM&F Group Inc 99 Hudson Street, 12th Floor New York, NY 10013	CONTACT NAME: CM&F Group	FAX (A/C, No):
	PHONE (A/C, No, Ext): 1-800-221-4904	
	E-MAIL ADDRESS: info@cmfgroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Gage Andreoli-Holmquist 18 Maxson Street Ashaway, RI 02804	INSURER A: MEDICAL PROTECTIVE COMPANY- MPC	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD, VOID	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PROJECT ☐ LOC ☐ OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☐ N	N/A			PER STATUTE ☐ OTHER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		K72057	03/03/2020	03/03/2021	Per Incident 1,000,000 Aggregate 6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage
Acupuncture**CERTIFICATE HOLDER****CANCELLATION**Gage Andreoli-Holmquist
18 Maxson Street
Ashaway, RI 02804

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE