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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 JUL -2 PM 12:29

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:

Primary and Psychiatric Integrated Care, Inc.

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:

APRN CNP Family/ Individual Lifespan

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***
10,000	**Common**	**0.001**

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: **Stephen Rogers**

Street Address (NOT a P.O. Box): **1 Kirker Drive**

City/Town	State	Zip Code
East Greenwich	**RHODE ISLAND**	**02818**

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
JUL 02 2020
KL FAFHA
12:29

STAMP

FORM 112- Revised 11/2017

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 **Hollie Colucci**	Address **7 Fountain Avenue**	
City/Town **Johnston**	State **RI**	Zip Code **02919**
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)

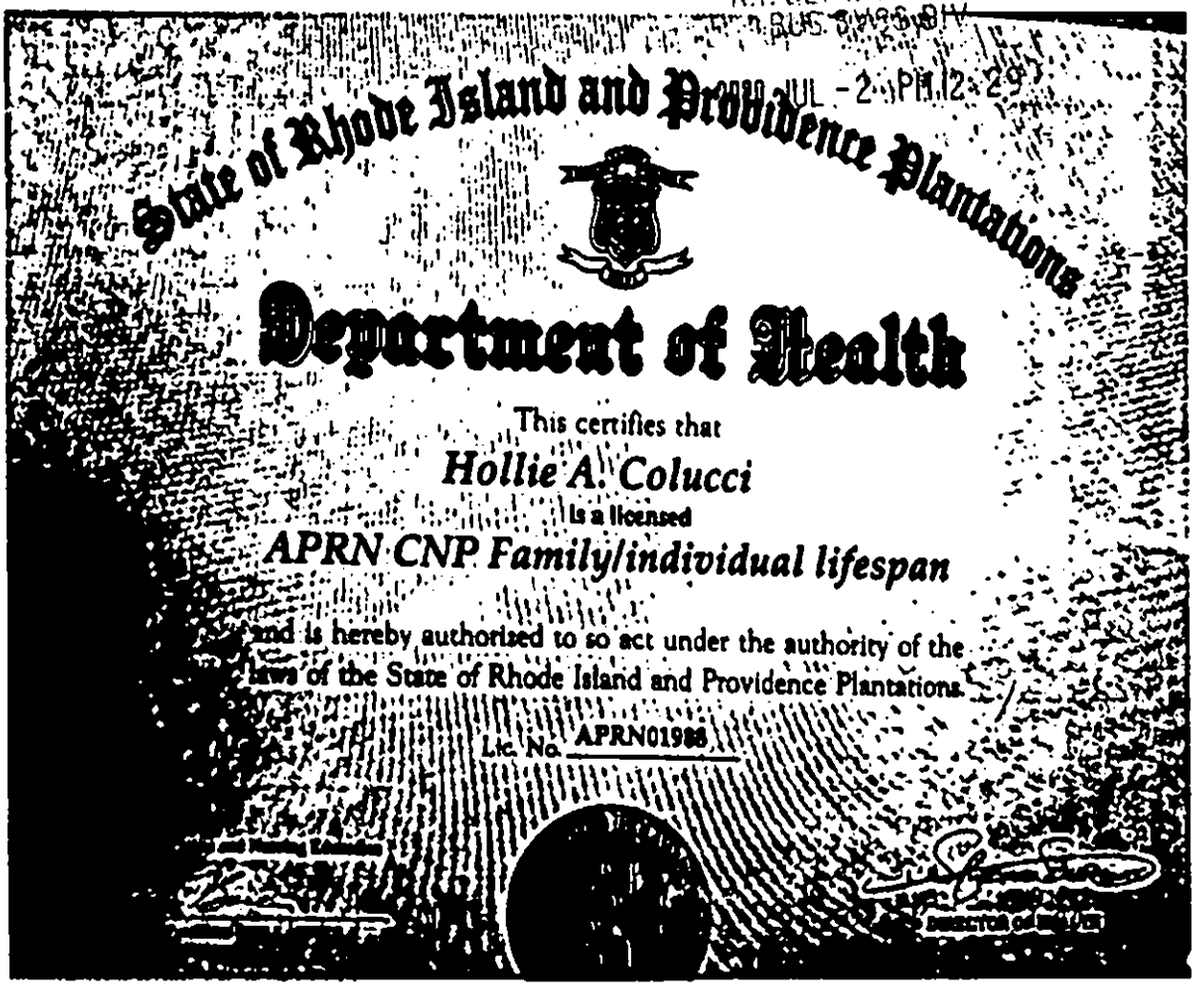
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

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
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date 07/02/2020

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 JUL -2 PM 12:29

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island and Providence Plantations

Department of Health

This certifies that

Hollie A. Colucci

is a licensed

APRN CNP Family/individual lifespan

and is hereby authorized to so act under the authority of the laws of the State of Rhode Island and Providence Plantations.

Lic. No. APRN01988

DIRECTOR OF HEALTH

hollie colucci
7 Fountain ave,
johnston, RI 02919

Re: Policy# K22786
Dear hollie colucci

Thank you for choosing CM&F Group, Inc. for your healthcare professional liability insurance needs. CM&F has been in business since 1919 and has provided stable, secure and reliable insurance programs to healthcare practitioners since 1947. When you consider our 65+ years of experience in the malpractice arena, coupled with the financial superiority of our carrier partners - *you can rest assured that your professional integrity is very well protected.*

ENCLOSED ARE YOUR POLICY DOCUMENTS:

1. Multi-Specialty Healthcare Professional - CERTIFICATE
2. Mandatory & Optional Endorsements
3. Acord Certificate of Liability (PROOF OF INSURANCE)

Please review these documents for accuracy and keep them in a safe place. If you have any questions, please call us at 1-800-221-4904 or send us an e-mail to: info@cmfgroup.com. Aside from providing access to the highest quality coverages on the market, we are fully committed to delivering superior customer service, so please know that we welcome your call should you have any questions or need assistance at any time.

Your healthcare professional liability policy offers broad coverage, including the following policy features and benefits which we call **"The CM &F Advantage"**.

- **> Professional Liability** $1,000,000/$6,000,000
- **> License Defense** $25,000/$100,000
- **> Deposition Defense** $10,000
- **> Loss Of Earnings** $2,500 per day/$35,000
- **> Biomedical Defense** $10,000
- **> Medical Payments** $25,000/$100,000
- **> HIPAA Defense** $25,000
- **> First Aid Coverage** $15,000
- **> Good Samaritan Coverage** Included
- **> Assault Upon You** $25,000

If you would like to review your coverage, please visit the CM&F Client Access Portal (**www.MYCMFACCOUNT.com**): The secure CM&F Client Access Portal is updated in real time with payments and balances so that you can track your costs, coverage and renewal dates - at your convenience 24/7. But should you need personal assistance, the CM&F Customer Care Team is at your service Monday - Friday:

Customer Service Claim Team at 1-800-221-4904
Email: info@cmfgroup.com

We wish you continued success and thank you again for choosing CM&F!

Sincerely,
The CM&F Group, Inc.

The Medical Protective Company®
A STOCK INSURANCE COMPANY
5814 Reed Road, Fort Wayne, Indiana 46835
Strength. Defense. Solutions. Since 1899.

RECEIVED
2020 OCT -2 PM 12:29
STATE
BUS SVCS DIV

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL - CERTIFICATE

Policy Period: From 12/06/2019 To: 12/06/2020 at 12:01 a.m. Standard Time at the address of the First Named Insured.	**Certificate Number:** K22786
Item 1(a) Named Insured: N/A **Student**	**Non-Insured acting in the Capacity of an Administrative First Named Insured**
Professional Services Specialty: Nurse Practitioner Classification: N/A	**Item 1(b) Additional Insureds:**
First Named Insured Address: 7 Fountain Ave, Johnston, RI 02919	New Business ☐ ☐ X Renewal Business

COVERAGES:	POLICY TYPE: Occurrence	Standard Claims Made	Convertible Claims Made	RETROACTIVE DATE	LIMITS OF LIABILITY Per Claim	Aggregate
PROFESSIONAL LIABILITY			X	2018-12-06	$1,000,000	$6,000,000
A. Professional Liability (PL) &					Included	Included
B. Good Samaritan Acts					$25,000	$25,000
C. Assault Upon You					$15,000	$15,000
D. First Aid					$25,000	$100,000
E. Medical Payments					$10,000	$10,000
F. Deposition Fees					$25,000	$100,000
- Administrative Hearing Expense					$25,000	$25,000
- Sexual Misconduct Expense					$2,500	$35,000
- Loss of Earnings					$25,000	$25,000
- HIPAA Proceeding Expense					$10,000	$10,000
- Biomedical Waste Hearing Expense						
WORKPLACE LIABILITY			X	2018-12-06		
A. Healthcare Professional Premises Liability &					Included	Included
B. Personal Injury Liability					Included	Included
Workplace Liability does not apply if the General Liability Insuring Agreement is made part of your coverage						
EMPLOYMENT PRACTICES LIABILITY**						
CYBER LIABILITY						
BILLING PRACTICES & REGULATORY						
COMMERCIAL GENERAL LIABILITY						
- Each Occurrence Limit						
- Damages to Premises Rented to an Insured Business						
- Personal & Advertising Injury						
- General Aggregate Limit						
- Product Completed Operations Aggregate						
- Hired and Non-Owned Auto						
General Liability does not apply if the Workplace Liability Insuring Agreement is made part of your coverage						

FORMS & ENDORSEMENTS:

SEE POLICY FORMS & ENDORSEMENTS SCHEDULE

Master Policy Number: MMPCM19191

IN WITNESS WHEREOF, The Medical Protective Company has caused this policy to be signed by its President and Corporate Secretary (and countersigned by its duly Authorized Representative, where necessary).

President

Secretary

Premium: $650.00	For Service or questions, please call:
Surcharges: $0.00	CM&F Group, Inc. 1-800-221-4904
Taxes: $0.00	
TOTAL: $650.00	

NOTICE

***THIS POLICY CONTAINS CLAIMS-MADE COVERAGE.**
****LIMIT APPLIES SEPARATELY FOR INDEMNITY AND DEFENSE COSTS.**
LIMITS MAY CHANGE BY COVERAGE PROVISION OR ENDORSEMENT.
PLEASE READ YOUR POLICY AND ENDORSEMENTS CAREFULLY.
DISCUSS WITH YOUR INSURANCE AGENT IF NEEDED.

Countersignature / Authorized Representative.

The Medical Protective Company®
A STOCK INSURANCE COMPANY
5814 Reed Road, Fort Wayne, Indiana 46835
Strength. Defense. Solutions. Since 1899.

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL
MASTER POLICY
CERTIFICATE OF INSURANCE
SCHEDULE OF POLICY FORMS & ENDORSEMENTS

Forms and Endorsements of your Certificate are as follows:

Form # *Description*

Form No.	Edition Date	Title
MCL	01/19	Cover Letter
18021	09/15	MPS Multi-Specialty Healthcare Professionals Policy Certificate
18507	08/13	MPS Multi-Specialty Healthcare Professionals Form & Endorsement Schedule
18505	08/13	MPS Multi-Specialty Healthcare Professionals Policy Schedule of Insurance
18511	08/13	General Definitions
18519	08/13	General Conditions
18522	08/13	General Exclusions
18535	08/13	Professional Liability Insurance Agreement - Claims Made
18559	08/13	Workplace Liability Insuring Agreement - Claims Made
19120	11/16	MPS Economic Sanctions Exclusion Endorsement
19186	08/13	Biomedical Waste Hearing Expense Endorsement - Claims Made
19218	08/13	Reuse or Multiuse Supply Firearm Exclusion Endorsement
19631	08/13	Procedures Exclusion Endorsement
19678	08/13	Rhode Island Amendatory Endorsement Additional Benefits Prejudgment Interest
19679	08/13	Rhode Island Amendatory Endorsement

The Medical Protective Company®
A STOCK INSURANCE COMPANY
5814 Reed Road, Fort Wayne, Indiana 46835
Strength. Defense. Solutions. Since 1899.

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL
MASTER POLICY
SCHEDULE OF INSUREDS ENDORSEMENT

Item 1(a) of the **CERTIFICATE** is as follows:

ITEM 1(a) NAMED INSURED			**PROFESSIONAL SERVICES SPECIALTY**	
CLASS	**RETROACTIVE DATE*** (If Applicable)	**TYPE** I) Individual E) Entity S) Student	**MODIFIED COVERAGE ENDORSEMENT NUMBER**	**PREMIUM SURCHARGE TAXES** (If Applicable)
hollie colucci	2018-12-06	I	Not Applicable	Included

Item 1(b) of the **CERTIFICATE** is as follows:

ITEM 1(b) ADDITIONAL INSURED	**AFFILIATED ITEM 1(a) NAMED INSURED**	**PREMIUM SURCHARGE TAXES** (If Applicable)
medical group of RI	All 1(a) Named Insureds Listed Above	Included
medical group of RI	All 1(a) Named Insureds Listed Above	Included

All other terms and conditions of the Policy remain unchanged.

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:

July 02, 2020 12:29 PM

Nellie M. Gorbea
Secretary of State