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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 East Greenwich	State RHODE ISLAND	Zip Code 02818
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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

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STAMP

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

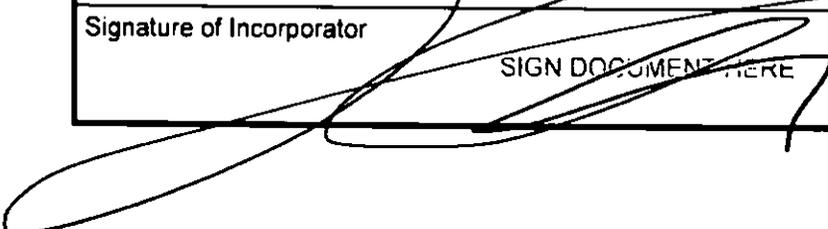
7. The name and address of each incorporator is:

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

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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

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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 | > Medical Payments \$25,000/\$100,000 |
| > License Defense \$25,000/\$100,000 | > HIPAA Defense \$25,000 |
| > Deposition Defense \$10,000 | > First Aid Coverage \$15,000 |
| > Loss Of Earnings \$2,500 per day/\$35,000 | > Good Samaritan Coverage Included |
| > Biomedical Defense \$10,000 | > 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.

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL - CERTIFICATE STATE

RECEIVED
BUS SVK 5 011
0020 011 - 2 TIME 25

Policy 12/06/2019 To: 12/06/2020		Certificate Number: 0020 011 - 2 TIME 25				
Period: 12:01 a.m. Standard Time at the address of the First Named Insured.		Non-Insured acting in the capacity of an Administrative First Named Insured				
Item 1(a) Named Insured: N/A Student		Item 1(b) Additional Insureds:				
Professional Services Specialty: Nurse Practitioner		New Business <input type="checkbox"/> Renewal Business <input checked="" type="checkbox"/>				
Classification: N/A		Retroactive Date				
First Named Insured Address:		Limits of Liability				
7 Fountain Ave. Bristol, IN 46201-02919		Per Claim / Aggregate				
COVERAGES:	POLICY TYPE			RETRACTIVE DATE	LIMITS OF LIABILITY	
	Occurrence	Standard Claims Made	Convertible Claims Made		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	\$100,000
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	Included	Included
A. Healthcare Professional Premises Liability &					Included	Included
B. Personal Injury Liability						
<small>Workplace Liability does not apply if the General Liability Insuring Agreement is made part of your coverage</small>						
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						
<small>General Liability does not apply if the Workplace Liability Insuring Agreement is made part of your coverage</small>						
FORMS & ENDORSEMENTS:				Master Policy Number: MMPCM19191		
SEE POLICY FORMS & ENDORSEMENTS SCHEDULE				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).		
Premium: \$650.00		For Service or questions, please call:		<i>Trinity J. Perry</i> President		
Surcharges: \$0.00		CM&F Group, Inc. 1-800-221-4904		<i>Angela M. Adams</i> Secretary		
Taxes: \$0.00				Countersignature / Authorized Representative.		
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.					

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 8 11 2020 10:58 AM
 The Medical Protective Company®

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**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.	Revision Date	Title
M01	10/1/19	Cover Letter
18020	10/9/15	MPS Multi-Specialty Healthcare Professionals Policy Certificate
18507	10/8/13	MPS Multi-Specialty Healthcare Professionals Form & Endorsement Schedule
18505	10/8/13	MPS Multi-Specialty Healthcare Professionals Policy Schedule of Insureds
19511	10/8/13	General Definitions
18519	10/8/13	General Conditions
18522	10/8/13	General Exclusions
18535	10/8/13	Professional Liability Insuring Agreement - Claims Made
18552	10/8/13	Workplace Disability Insuring Agreement - Claims Made
19120	11/1/16	MPS Economic Sanctions Exclusion Endorsement
19186	10/8/13	Biomedical Waste Handling Expense Endorsement - Claims Made
19218	10/8/13	Reuse or Multiuse Supply Procedure Exclusion Endorsement
18631	10/8/13	Procedures Exclusion Endorsement
18718	10/8/13	Rhode Island Amendatory Endorsement Additional Benefits Prorogement Interest
18719	10/8/13	Rhode Island Amendatory Endorsement

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**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.