



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

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BUS SVCS DIV

2020 JUL 16 PM 1:58

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:

Stillwater Primary Care Ltd.

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:

Physician

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

300

Common

\$1.00

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

JUL 16 2020

BY **Ch SC288**

1:58

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. ☐

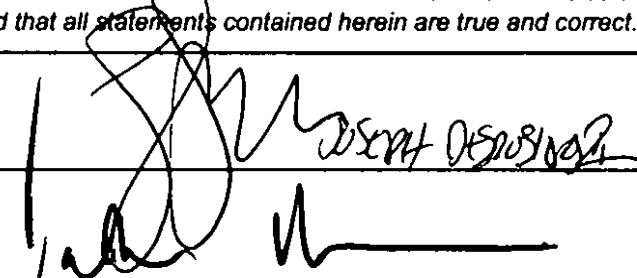
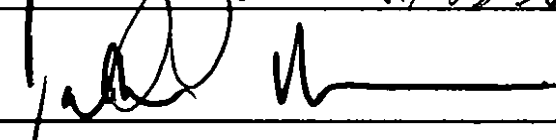
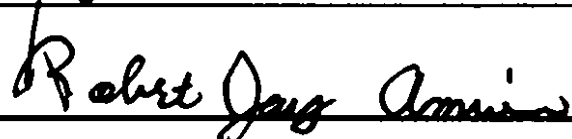
7. The name and address of each incorporator is:

Name Joseph Desrosiers II	Address 11 Paris Irons Rd	
City/Town North Scituate	State RI	Zip Code 02857
Name Walter Hooper	Address 47 Whipple Rd	
City/Town Chepachet	State RI	Zip Code 02814
Name Robert Jay Amrien	Address 174 Winslow Way	
City/Town Swansea	State MA	Zip Code 02777

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  Joseph Desrosiers II	Date 7/15/2020
Signature of Incorporator  Walter J. Hooper	Date 7/15/2020
Signature of Incorporator  Robert Jay Amrien	Date 7/15/2020



STILWAT-06

ACOLUMBUS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/17/2020

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 License # 1780862
HUB International New England
100 Central Street
Suite 201
Holliston, MA 01746

CONTACT NAME: Maureen Stephany
PHONE (A/C, No, Ext): (774) 233-6206 FAX (A/C, No):
E-MAIL ADDRESS: maureen.stephany@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ProSelect Insurance Company

10638

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Stillwater Primary Care
401 Putnam Pike
Chepachet, RI 02814

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO JECT LOC						PRODUCTS - COMP/OP AGG \$
	OTHER						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$
	OCUR CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$
A	Medical Malpractice			TBD	7/15/2020	7/15/2021	E L DISEASE - POLICY LIMIT \$1M/3M

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

Evidence of Occurrence Form Coverage

Limits of Liability: \$1,000,000 per Occurrence; \$3,000,000 Annual Aggregate

Stillwater Primary Care has separate limits of liability. This certificate is for credentialing purposes only.

CERTIFICATE HOLDER

For Credentialing Purposes

CANCELLATION

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



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PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Maureen Stephany PHONE (A/C, No, Ext): (774) 233-6206 FAX (A/C, No): E-MAIL: maureen.stephany@hubinternational.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ProSelect Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED David Coia, D.O. Stillwater Primary Care 401 Putnam Pike Chepachet, RI 02814	NAIC # 10638

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO JECT LOC OTHER					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS H'ED 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 EXCESS LIAB OCCUR 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 OTH-ER E I EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Medical Malpractice		TBD	7/15/2020	7/15/2021	\$1M/3M

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Evidence of Occurrence Form Coverage

Limits of Liability: \$1,000,000 per Occurrence; \$3,000,000 Annual Aggregate

Paul Santoro, D.O. is covered under classification internal medicine, no surgery. This certificate is for credentialing purposes only.

CERTIFICATE HOLDER

CANCELLATION

For Credentialing Purposes

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AUTHORIZED REPRESENTATIVE

Maureen Stephany



STILWAT-06

ACOLUMBUS

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PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT Maureen Stephany NAME: Maureen Stephany PHONE (A/C, No, Ext): (774) 233-6206 FAX (A/C, No): E-MAIL: maureen.stephany@hubinternational.com ADDRESS: maureen.stephany@hubinternational.com
INSURED Robert Amrien, PA Stillwater Primary Care 401 Putnam Pike Chepachet, RI 02814	INSURER(S) AFFORDING COVERAGE INSURER A: ProSelect Insurance Company NAIC # 10638 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GLN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER <input type="checkbox"/>						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> H'RED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBNDL SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Malpractice			TBD	7/15/2020	7/15/2021	\$1M/3M

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Evidence of Occurrence Form Coverage

Limits of Liability: \$1,000,000 per Occurrence; \$3,000,000 Annual Aggregate

Robert Amrien, PA has separate limits of liability while working for Stillwater Primary Care under the scope of duties for Stillwater Primary Care. This certificate is for credentialing purposes only.

CERTIFICATE HOLDER

CANCELLATION

For Credentialing Purposes	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



STILWAT-06

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PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746		CONTACT Maureen Stephany NAME: PHONE (A/C, No, Ext): (774) 233-6206 FAX (A/C, No): E-MAIL: maureen.stephany@hubinternational.com ADDRESS:		
INSURED Joseph Desrosiers, II, PA-C Stillwater Primary Care 401 Putnam Pike Chepachet, RI 02814		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ProSelect Insurance Company		10638
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER:

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/PROP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI)						E.L. EACH ACCIDENT \$
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Medical Malpractice			TBD	7/15/2020	7/15/2021	\$1M/3M

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

Evidence of Occurrence Form Coverage

Limits of Liability: \$1,000,000 per Occurrence; \$3,000,000 Annual Aggregate

Joseph Desrosiers, II, PA-C has separate limits of liability while working for Stillwater Primary Care under the scope of duties for Stillwater Primary Care. This certificate is for credentialing purposes only.

CERTIFICATE HOLDER

CANCELLATION

For Credentialing Purposes

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AUTHORIZED REPRESENTATIVE

Maureen Stephany



STILWAT-06

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PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Maureen Stephany	
	PHONE (A/C, No, Ext): (774) 233-6206	FAX (A/C, No):
INSURED Walter J. Hooper, PA Stillwater Primary Care 401 Putnam Pike Chepachet, RI 02814	E-MAIL ADDRESS: maureen.stephany@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ProSelect Insurance Company	NAIC # 10638
	INSURER B:	
	INSURER C:	
	INSURER D:	
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	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
						\$
	GENTL AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI)	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Medical Malpractice		TBD	7/15/2020	7/15/2021	\$1M/3M

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AUTHORIZED REPRESENTATIVE

Maureen Stephany