



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

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 2020 JUL 31 AM 10:04

**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:

**THE LAW OFFICE OF LEONARD M. CORDEIRO, P.C.**

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:

**THE PRACTICE OF LAW**

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**

200

COMMON

Ø

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

**LEONARD M. CORDEIRO, ESQ**

Street Address (NOT a P.O. Box)

**35 HIGHLAND AVENUE**

City/Town

**EAST PROVIDENCE**

State

**RHODE ISLAND**

Zip Code

**02914**

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 31 2020**BY *Ch* **PDTAX**

FORM 112- Revised: 11/2017

10:04

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 ☐

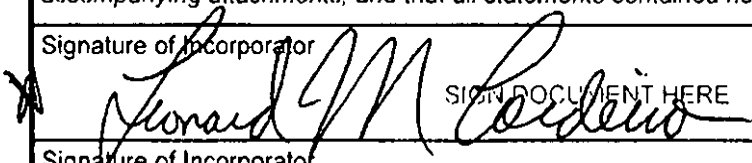
7. The name and address of each incorporator is:

Name <b>LEONARD M. CORDEIRO</b>	Address <b>112 CAMERON WAY</b>	
City/Town <b>REHOBOTH</b>	State <b>MA</b>	Zip Code <b>02769</b>
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 <b>7/29/20</b>
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date

**BERKLEY INSURANCE COMPANY**

## A Stock Insurance Company

## Declarations Page

## Lawyers Professional Liability Insurance

NOTICE: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

**PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

IF INDICATED IN ITEM 5. A. BELOW, THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS LEGAL DEFENSE COSTS. THE INSURER SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMIT OF LIABILITY.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Item 1. Name and Address of Named Insured: Policy Number: PLP-1867366-P1

The Law Office of Leonard M. Cordeiro  
35 Highland Avenue  
East Providence, RI 02914

**Item 2. Policy Period:** From July 29, 2020 (inception date) to July 29, 2021 (expiration date)  
(Both dates at 12:01 a.m. Standard Time at the address of the **Named Insured**)

**Item 3. Limits of Liability for the Policy Period:**

A. \$1,000,000 each Claim, but in no event exceeding

B. \$1,000,000 in the aggregate for all Claims

**Item 4. Supplemental Coverages Limit of Liability:**

\$100,000 in the aggregate for all Supplemental Coverages during the Policy Period

**Item 5. Claim Expenses for the Policy Period**

☒ A. **Claim Expenses** Reduce the Limit of Liability in Item 3. above

☐ B. **Claim Expenses** in Addition to the Limit of Liability in Item 3. above

**Item 6. Deductible:**

<input type="checkbox"/>	A	Aggregate Deductible - All Claims	N/A
<input checked="" type="checkbox"/>	B	Each Claim Deductible	\$2,500
<input checked="" type="checkbox"/>	i.	The Deductible applies to Damages and Claim Expenses	
<input type="checkbox"/>	ii.	The Deductible applies only to Damages	

Item 7. Premium: \$2,320

**BERKLEY INSURANCE COMPANY**

**Item 8. Forms and Endorsements attached at inception: LPL 39450 (10-14)**

- |   |               |              |  |
|---|---------------|--------------|--|
| 1 | 701-CR-       | 0419         | CLAIM REPORTING PROCEDURES                         |
| 2 | LPL 101101-CW | (rev. 04-17) | Amend Insuring Agreement to Remove Career Coverage |
| 3 | LPL 101901    | (05-14)      | Addition of Prior Acts Date                        |
| 4 | LPL-RI-PAE    | (10-14)      | Rhode Island Policy Amendatory Endorsement         |
| 5 | LPL-RI-PHN    | (10-14)      | Rhode Island IMPORTANT POLICYHOLDER NOTICE         |

**Item 9. Notice to the Insurer as provided in section V. A. shall be sent to:**

Berkley Select on behalf of Berkley Insurance Company, Claims Department 550 W. Jackson Blvd, Suite 500, Chicago, IL 60661 Toll Free: (844) 465-6256 Fax: (312) 207-1933 Email: <a href="mailto:newclaim@berkleyselect.com">newclaim@berkleyselect.com</a>	<b>All other notices to be given to the Insurer shall be sent to:</b> Berkley Select on behalf of Berkley Insurance Company 550 W. Jackson Blvd, Suite 500, Chicago, IL 60661 Toll Free: (800) 446-2100
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These Declarations along with the completed and signed Application and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Named Insured and the Insurer.

Authorized Representative



Date Issued: July 29, 2020



State of Rhode Island

**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,  
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 31, 2020 10:04 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

