



State of Rhode Island
Department of State - Business Services Division

Certificate of Correction **DOMESTIC Business Corporation**

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001710975	2. The name of the corporation is: Rhode Island Health Group, P.C.
3. The document to be corrected is: Article of Incorporation	4. The date the document being corrected was originally filed: July 20, 2020
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: Misspelling of Registered Agent's Name: Should be spelled Haque (not Hoque) Correct Resident Agent's Address: 63-65 Eddie Dowling Highway, North Smithfield, RI 02896 Misspelling of Incorporator's Name: Should be spelled Haque (not Hoque)	
Check the box to indicate an attachment ☐	
6. The new corrected portion of the document states as follows: Registered Agent's Name: Hina Haque, M.D. Resident Agent's Address: 63-65 Eddie Dowling Highway, North Smithfield, RI 02896 Incorporator's Name: Hina Haque, M.D.	
Check the box to indicate an attachment ☐	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

2020 AUG 28 PM 2:13

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

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AUG 28 2020

2:13pm

BY AMP

online
filing

9. Date when this Certificate of Correction 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 declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

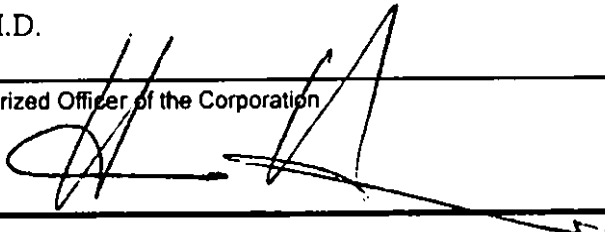
Type or Print Name of Authorized Officer of the Corporation

Hina Haque, M.D.

Date

August 28, 2020

Signature of Authorized Officer of the Corporation





State of Rhode Island
Department of State - Business Services Division

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:

Rhode Island Health Group, 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:

Medical Practice

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
1,000	Common	\$0.01

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

Hina Haque, M.D.

Street Address (**NOT** a P.O. Box)

63-65 Eddie Dowling Highway

City/Town

North Smithfield

State

RHODE ISLAND

Zip Code

02896

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

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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:

- (1) The Board of Directors is authorized to make, amend or repeal the bylaws of the corporation in whole or in part, except with respect to any provision thereof, which by law, these articles of organization or by the bylaws, requires action by the shareholders; and
(2) Meetings of the shareholders may be held anywhere in the United States.

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

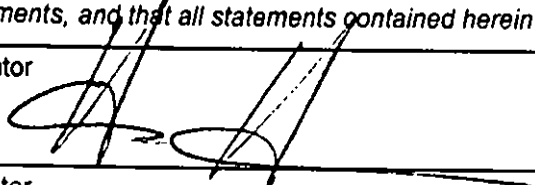
Name Hina Haque, M.D.	Address 9 Kahliko Lane	
City/Town Bedford	State NH	Zip Code 03110
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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 	Date July 17, 2020
Signature of Incorporator	Date
Signature of Incorporator	Date



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:

August 28, 2020 02:13 PM

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

Nellie M. Gorbea
Secretary of State

