

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.

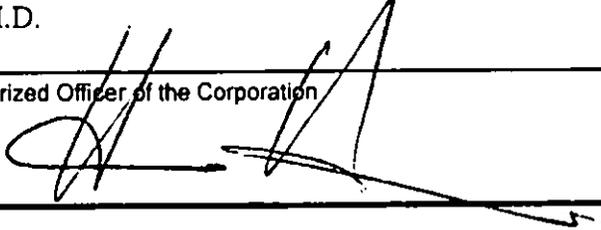
Type or Print Name of Authorized Officer of the Corporation

Hina Haque, M.D.

Date

August 28, 2020

Signature of Authorized Officer of the Corporation





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 <u>7-1.2-1701</u> of the General Laws, 1956, as amended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i>		
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 <u>7-1.2</u> . State any provisions here <i>(optional)</i> : <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Hina Haque, M.D.		
Street Address (<u>NOT</u> 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 <u>7-1.2</u> .		

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

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

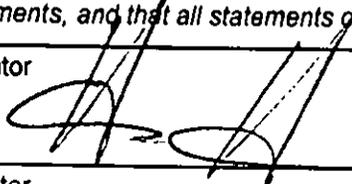
7. The name and address of each incorporator is:

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**

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- 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