Filing and License Fee: $230.00 minimum

ID Number: 160298

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is Providence Behavioral Health Assosciates, Inc.
(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The profession to be practiced through the professional service corporation is **psychology**

3. The total number of shares which the corporation has authority to issue is:

(a) *If only one class:* Total number of shares **1000 common shares without par value**

or

(b) *If more than one class:* Total number of shares of each class _____

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

4. The address of the initial registered office of the corporation is **616 Hope Street**
(Street Address, **not** P.O. Box)

Providence (City/Town), RI **02906** (Zip Code) and the name of its initial registered agent at such address is **John Todaro** (Name of Agent).

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

6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of $0.01 per share.

FILED
DEC 14 2006
By

Form No. 112
Revised 12/05

7. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

See attachment I

8. The name and address of each incorporator is:

Name	*Address*
Richard Streitfeld	**1604 Broad Street, Cranston RI 02905**

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing **January 1, 2007**

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.

Date: **December 12, 2006**

R L

Signature of each Incorporator

Providence Behavioral Health Associates, Inc.

ARTICLES OF INCORPORATION
ATTACHMENT 1

ARTICLE FIFTH

Each of the holders of the issued and outstanding shares of Common Stock of the corporation shall have the right to subscribe for any new capital stock, whether of a class now existing or hereafter created, or for any securities convertible into capital stock hereafter issued by the corporation in proportion to their respective holdings of stock at the time of such issue.

The corporation shall have the right, in case of the sale of shares of stock of any stockholder, to purchase said shares at the lowest price at which such stockholder is willing to sell said shares before the same shall be sold by him to any other party; provided, however, that the corporation shall exercise its right to purchase hereunder within thirty (30) days after such stockholder shall have notified the corporation in writing of his desire to sell said share and the price at which he is willing to sell the same, and if the corporation shall decide to purchase said shares, such stockholder, shall, upon tender of the purchase price thereof, transfer to the corporation said shares so sold, and if the corporation shall not elect to purchase said shares within said thirty (30) day period, then such stockholder may, at any time within thirty (30) days after the expiration of said thirty (30) day period, sell said shares to any other party but at not less than the price at which the same were offered to the corporation.

Trust Risk Management Services, Inc. (TRMS) ■ 135 South LaSalle Street, Department 1791, Chicago, IL 60674-1791 ■ Phone (877) 637-9700 ■ FAX (877) 251-5111

John Todaro
616 Hope St
Providence, RI 02906-2659

June 27, 2006

RE: Your TRUST-Sponsored Professional Liability Insurance Policy/Certificate # 58G22564882

Dear John Todaro:

Thank you for your support of the Trust-Sponsored Professional Liability Program.

Enclosed is your professional liability insurance policy, which includes a Memorandum of Insurance. We urge you to read your policy and notify us if any changes are necessary.

At the first notice of claim, lawsuit or potential claim, please contact our Customer Service Center immediately at 1-877-637-9700. We will assist you by obtaining the necessary information which will help us get your claims process started. Our claims staff is dedicated to listening, understanding and taking action to route your claim to the necessary experts that will be working on your behalf.

Finally, if you have not already done so, **be sure to sign up for the Virtual Service Center (VSC) at http://www.apait.org.** Your online VSC is available 24 hours a day, 7 days a week, and allows you anytime access to your professional liability insurance policy. **Through the VSC** you can request additional Memorandums of Insurance, view all of your account transactions, submit requests for changes, update your personal information and **renew your policy.**

Should you have any questions regarding your policy, or for additional information regarding further membership benefits and other membership insurance options, please be sure to contact us at 1.877.637.9700. Our professional staff is available to assist you Monday through Thursday 8:00 am until 7.00 pm and Friday 8:00 am until 5.00 pm CST or visit our website at http://www.apait.org. You may also email us your questions at info@trustrms.com.

Sincerely,

Trust Risk Management Services, Inc.

☒ ACE American Insurance Company
☐ ACE Insurance Company of Illinois
☐ Atlantic Employers Insurance Company

Psychologists' Professional Liability Claims Made Insurance Policy Declarations

(This Policy is issued by the stock insurance company listed above. Herein called "Company".)

BRANCH	B/A	PRODUCER NUMBER
		273865

DATE OF ISSUE	PRIOR CERTIFICATE NUMBER
06/27/2006	

PSYCHOLOGISTS PROFESSIONAL LIABILITY CLAIMS-MADE INSURANCE POLICY

NOTICE: THIS IS A CLAIMS-MADE POLICY, PLEASE READ THE POLICY CAREFULLY

PURCHASING GROUP POLICY NUMBER: **45-0002000**

Item	DECLARATIONS	CERTIFICATE NUMBER: **58G22564882**
1.	**Named Insured** John Todaro ADDRESS 616 Hope St Providence, RI 02906-2659 Number & Street, Town, County, State & Zip No.)	
2.	Policy Period: 12 01 A M Standard Time At Location of Designated Premises	From: 07/15/2006 To: 07/15/2007
3.	COVERAGE	LIMITS OF LIABILITY / PREMIUM
	Professional Liability	$ 1,000,000 each incident / $ 3,000,000 aggregate / $ 75.00
4.	BUSINESS OF THE NAMED INSURED: Psychology	
5.	The Named Insured is: ☒ Sole Proprietor (including independent contractor) ☐ Partnership ☐ Corporation ☐ Other:	
6.	This policy shall only apply to incidents which happen on or after: a) the policy effective date shown on the Declarations: or b) the effective date of the earliest claims-made policy issued by the **Company** to which this policy is a renewal; or c) the date specified in any endorsement hereto. 07/15/2006	
7.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). 815polcov , Pol_Sep_P , PF-15215 (03/04), PF-15217 (03/04), CC-1K11E , PF-15238 (03/04), PF-15230 (03/04), PF-15241 (03/04), PF-15225 (03/04), PF-15242 (03/04), PF-15291 (03/04), PF-17914	

Notice of Claim should be sent to:	**All other notices should be sent to:**
Claims Vice President ACE USA 140 Broadway, 40th Floor New York, NY 10005	Underwriting Vice President ACE USA 140 Broadway, 41st Floor New York, NY 10005

REPRESENTATIVE:

Agent or broker: Trust Risk Management Services, Inc.
Office address: 181 W Madison St Ste 2900
City, State, Zip: Chicago, IL 60602-4643
1-877-637-9700