Filing Fee: $150.00

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903-1335

Corp. I.D. # 98197

BUSINESS CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator (s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

FIRST: The name of the corporation is .....COWESETT ANIMAL HOSPITAL, LTD.....

(A close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended) (strike if inapplicable)

SECOND: The period of its duration is (if perpetual, so state) ..Perpetual.....

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the business of veterinary services and to operate a veterinary hospital and any other legal enterprise.

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By CC-H63 146743

Form 1 (A 2/91

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

(a) *If only one class*: Total number of shares ..2,000...COMMON - NO PAR VALUE

(If the authorized shares are to consist of one class only, state the par value of such shares or a statement that all of such shares are to be without par value.)

or

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

(State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of title 7 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.)

FIFTH: Provisions (if any) dealing with the preemptive right of shareholders pursuant to §7-1.1-24 of the General Laws, 1956, as amended:

SIXTH: Provisions (if any) for the regulation of the internal affairs of the corporation:

SEVENTH: The address of the initial registered office of the corporation is 50 Calhoun Avenue, Warwick, R.I. 02886 (add Zip Code) and the name of its initial registered agent at such address is: Barbara J. Korry

Barbara J Korry
Signature of registered agent

EIGHTH: The number of directors constituting the initial board of directors of the corporation is One (1) and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

(If this is a close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended, state the name (s) and address (es) of the officers of the corporation.)

Name	*Address*
Barbara J. Korry	50 Calhoun Avenue, Warwick, RI 02886

NINTH: The name and address of each incorporator is:

Name	*Address*
Barbara J. Korry	50 Calhoun Avenue, Warwick, RI 02886

TENTH: Date when corporate existence to begin (not more than 30 days after filing filing of these articles of incorporation):

January 2, 1998

Dated December 16, 1997

Barbara J Korry
Signature of each incorporator

STATE OF RHODE ISLAND } In the City } of Warwick
COUNTY OF KENT } Town }

in said County this 16 day of DECEMBER, A.D. 19 97

then personally appeared before me Barbara J. Korry

each and all known to me and known by me to be the parties executing the foregoing instrument, and she acknowledged said instrument by her subscribed to be her free act and deed.

Walter F. Richards 5

Notary Public

not all

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY): 12/19/97

PRODUCER
AVMA Professional Liability
Insurance Trust
C/O Mack & Parker, Inc.
55 East Jackson Boulevard
Chicago, IL 60604-4187

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Barbara J. Korry, DVM
50 Calhoun Avenue
Warwick, RI 02886

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: Centenial Insurance Companies
COMPANY LETTER B:
COMPANY LETTER C:
COMPANY LETTER D:
COMPANY LETTER E:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	$900,000
	CLAIMS MADE ☐ OCCUR				PRODUCTS-COMP/OP AGG.	$
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY	$
A	X Veterinary Prof. Liab.	37874	1/01/98	1/01/99	EACH OCCURRENCE	$300,000
					FIRE DAMAGE (Any one fire)	$
					MED EXPENSE (Any one person)	$
	AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT	$
	ALL OWNED AUTOS				BODILY INJURY (Per Person)	$
	SCHEDULED AUTOS				BODILY INJURY (Per Accident)	$
	HIRED AUTOS				PROPERTY DAMAGE	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				☐ STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Subject to policy terms and conditions of AVMA Professional Liability Trust Master Policy #475000000.

CERTIFICATE HOLDER

Barbara J. Korry, DVM

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: Mack & Parker, Inc.

dlp

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TOTAL P.01