Filing fee: ~~$20.00~~ $30.00

State of Rhode Island and Providence Plantations

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF

DR. WILLIAM BRENNAN, INC.

Pursuant to the provisions of Section 7-1.1-56 of the General Laws, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is DR. WILLIAM BRENNAN, INC.

SECOND: The shareholders of the corporation on March 21, 1984, in the manner prescribed by Chapter 7-1.1 of the General Laws, 1956, as amended, adopted the following amendment(s) to the Articles of Incorporation:

[Insert Amendment(s)]

The provisions of the existing Article FIRST are hereby deleted and the following is to be substituted in lieu thereof:

FIRST: The name of the corporation is
WILLIAM F. BRENNAN, D.M.D., Inc.
(A close corporation pursuant to Section 7-1.1-51
of the General Laws, 1956, as amended)

THIRD: The number of shares of the corporation outstanding at the time of such adoption was 100 ; and the number of shares entitled to vote thereon was 100

FOURTH: The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows: (if inapplicable, insert "none")

Class	Number of Shares
none	

FIFTH: The number of shares voted for such amendment was 100 ; and the number of shares voted against such amendment was none .

SIXTH: The number of shares of each class entitled to vote thereon as a class voted for and against such amendment, respectively, was: (if inapplicable, insert "none")

Class	Number of Shares Voted	
	For	Against
none		

SEVENTH: The manner, if not set forth in such amendment, in which any exchange, reclassification, or cancellation of issued shares provided for in the amendment shall be effected, is as follows: (If no change, so state)

no change

EIGHTH: The manner in which such amendment effects a change in the amount of stated capital, and the amount of stated capital as changed by such amendment, are as follows: (If no change, so state)

no change

Dated March 21 , 1984

DR. WILLIAM BRENNAN, INC.

By Dr. William Brennan Jr.

Its President

and Dr. William Brennan Jr.

Its Secretary

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE } Sc.

At Johnston in said county on this 21st day of March, 1984, personally appeared before me Dr. William Brennan, who, being by me first duly sworn, declared that he is the President of DR. WILLIAM BRENNAN, INC.

that he signed the foregoing document as President of the corporation, and that the statements therein contained are true.

Notary Public

(NOTARIAL SEAL)

Commission Expires 6/30/86

✓ 171

CFOP 30.00
CHEK 30.00
05/24/84 PAID 0103A001

MAY 8 1984

Aetna LIFE & CASUALTY

POLICY CHANGE ENDORSEMENT

Non-Premium Bearing

☒ **The Ætna Casualty and Surety Company**
☐ **The Standard Fire Insurance Company**
☐ **The Automobile Insurance Company of Hartford, Connecticut**
Hartford, Connecticut 06156, A Stock Insurance Company

This endorsement, issued by the company indicated by an ☒ above, forms a part of the policy to which attached. All other terms and conditions of the policy remain unchanged.

Named Insured	Effective Date of Change	Policy Number	Endt. No.
Dr. William Brennan, Inc.	4/6/84	43DZ218048CCA	1

Named Insured continued

It is agreed that as of the effective date the policy is amended as indicated by ☒.

SECTION 1—Named Insured

☒ The Named Insured is amended to read:

Named Insured: William F. Brennan, DMD, Inc.
Named Insured continued:
Street Address:
Town | State | County | Zip Code:

☐ The mailing address of the Named Insured is amended to read:

SECTION 2—Loss Payee

☐ The Loss Payee is ☐ Corrected to: ☐ Added: ☐ Deleted:

(If more than one Loss Payee indicate which is deleted.)

Loss Payee:
Street Address:
Town | State | County | Zip Code:

If more than one location indicate which is affected _____.

Loss Payee | Loss Payee:

SECTION 3—Mortgagee

☐ The Mortgagee is ☐ Corrected to: ☐ Added: ☐ Deleted:

(If more than one Mortgagee indicate which is deleted.)

Mortgagee:
Street Address:
Town | State | County | Zip Code:

If more than one location indicate which is affected _____.

Mortgagee | Mortgagee:

SECTION 4—Additional Information

☐ The policy period is corrected to read: Month Day Year – – (Policy effective date) to Month Day Year – – (Policy expiry date).

☐ Item No. _____ is corrected to read:

☐ Other changes:

Countersigned by _____ (Authorized Representative)

Cat. 027014
Printed in U.S.A.

The Cruff Agency

Insurance - Bonds

1738 BROAD STREET, CRANSTON, R. I. 02905

PHONE 461-2900

II. DENTISTS' PROFESSIONAL LIABILITY: Protects the named insured against any claim which the insured becomes legally obligated to pay as damages arising out of the performances of professional services as a dentist caused by error, ommission or negligent act.

POLICY #:	43DZ218048CCA
COMPANY:	Aetna Casualty & Surety Co.
AMOUNT:	$100,000 Each medical indident 300,000 aggregate
TERM:	One year
ANNIVERSARY:	9/8/84
PREMIUM:	$239.00