State of Rhode Island
**Department of State - Business Services Division**

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2021 FEB -4 AM 9:42

# 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:

ROKOVOKO, INC.

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 SERVICES

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*** |
|---|---|---|
| 100 | COMMON | NO PAR |
| | | |
| | | |

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 ANTONY F. CHU

Street Address (NOT a P.O Box) 228 FREEMAN PARKWAY

| City/Town | State | Zip Code |
|---|---|---|
| PROVIDENCE | **RHODE ISLAND** | 02906 |

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

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

**FILED**
FEB 04 2021
AT 9:42 A.M.

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.

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

| | | |
|---|---|---|
| Name ANTONY F. CHU | Address 228 FREEMAN PARKWAY | |
| City/Town PROVIDENCE | State RHODE ISLAND | Zip Code 02906 |
| 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 1/28/2021 |
| Signature of Incorporator | Date |
| Signature of Incorporator | Date |

**If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.**

# Lifespan Risk Services, Inc.

245 Chapman Street, Suite 200
Providence, RI 02905-4539
Tel: 401-444-8273
Fax: 401-444-8963


**LIFESPAN MALPRACTICE PLAN (LMP)**
**PROFESSIONAL LIABILITY (RI-INDEM)**
**VERIFICATION OF INDEMNIFICATION**
MPG Staff

This is to verify that the individual and the Medical Practice Group ("MPG") listed below are indemnified for professional liability claims in accordance with the Indemnification Agreement referenced below provided by the Indemnifying Lifespan Hospital identified below.

- Indemnification only applies to the individual's activities and services that are part of such individual's relationship with the MPG listed below, in the case of an Individual Medical Professional ("IMPRO"). In the case of an Individual Healthcare Professional ("INHEP"), indemnification is contingent upon provision of professional healthcare services by the INHEP, within the scope of the INHEP's employment by the MPG, but directed to a patient whose primary care physician is not an IMPRO of the MPG. In the case of an Allied Professional Employed by the MPG, indemnification is provided through the MPG, to the MPG only.
- Indemnification is contingent upon the individual's continuing to meet the criteria for indemnification, including any applicable annual certification of compliance of LMP.

All inquiries concerning this Verification of Indemnification should be directed to Lifespan Risk Services, Inc. at the address noted above.

**2020/2021 LMP - RI INDEMNIFICATION**

| | |
|---|---|
| Indemnifying Lifespan Hospital (Indemnitor): | The Miriam Hospital |
| Indemnified Individual: | **Antony Chu, M.D.** |
| Indemnified Medical Practice Group (MPG): | Lifespan Physician Group, Inc. |
| Relationship with MPG: | Employed Attending Physician |
| Indemnification Agreement Number: | LPG-CVI-0019-2020/2021 |
| Indemnification Retroactive Date: | 04/16/2017 |
| Original Inception Date: | 04/16/2017 |
| Exposures Covered by this Indemnification Agreement: | Individual Medical Professional's Liability (claims made)/Healthcare Malpractice Liability (claims made) |
| Current Indemnification Coverage Period: | 10/01/2020 - 10/01/2021 |
| Limits of Indemnification: | $2,000,000 Each **Medical Incident**<br>$6,000,000 Aggregate<br>Said Limits of Indemnification are shared by the: Indemnified Individual Medical Professional (IMPRO)/Indemnified Individual Healthcare Professional (INHEP) and the Indemnified Medical Practice Group (MPG) |

Other Approved Locations: Newport Hospital, Rhode Island Hospital

CAVEAT

This Verification of Indemnification is issued as a matter of information only and confers no rights whatsoever upon the recipient or the listed indemnified individual. All questions as to the specific indemnification afforded under the Indemnification Agreement should be determined by reference to such Agreement. This Verification of Indemnification does not alter, amend, waive or vary any of the terms or conditions of such Agreement. Lifespan Risk Services, Inc. assumes no responsibility for any mistake or failure to give notice of any changed circumstances affecting indemnity. Other indemnity is neither expressed nor implied.

***"Moonlighting"*** is <u>not</u> covered unless expressly approved by Lifespan Risk Services, Inc. Please contact Lifespan Risk Services, Inc. for details.

Rick Almeida, MBA
Director, Insurance & Business Operations
Lifespan Risk Services, Inc.

09/10/2020
Date signed

# Lifespan Risk Services, Inc.

245 Chapman Street, Suite 200
Providence, RI 02905-4539
Tel: 401-444-8273
Fax: 401-444-8963


**LIFESPAN MALPRACTICE PLAN (LMP)**
**PROFESSIONAL LIABILITY (RI-INDEM)**
**VERIFICATION OF INDEMNIFICATION**
MPG Staff

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**2019/2020 LMP - RI INDEMNIFICATION**

| | |
|---|---|
| Indemnifying Lifespan Hospital (Indemnitor): | The Miriam Hospital |
| Indemnified Individual: | **Antony Chu, M.D.** |
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| Relationship with MPG: | Employed Attending Physician |
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09/12/2019
Date signed

Rick Almeida, MBA
Director, Insurance & Business Operations
Lifespan Risk Services, Inc.

RI SOS Filing Number: 202189998220 Date: 2/4/2021 9:42:00 AM

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:

February 04, 2021 09:42 AM

Nellie M. Gorbea
*Secretary of State*