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**Article of Incorporation**  
 Professional Service Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-1.2, adopt(s) the following Articles of Incorporation for such corporation.

|   |                       |                            |
|---|-----------------------|----------------------------|
| 1. The name of the corporation is:<br>ROKOVOKO, INC.  |                       |                            |
| Is this a close corporation pursuant to RIGL 7-1.2-1701 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:<br>MEDICAL SERVICES  |                       |                            |
| 3. The total number of shares which the corporation has the authority to issue is:<br>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)   |                       |                            |
| <b>Total Authorized Shares<br/>(Number of Shares)</b>   | <b>Class of Stock</b> | <b>Par Value Per Share</b> |
| 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): <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                       |                            |
| 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 PROVIDENCE  | State RHODE ISLAND    | Zip Code 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**

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 FORM 112 - Revised 03/2020

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

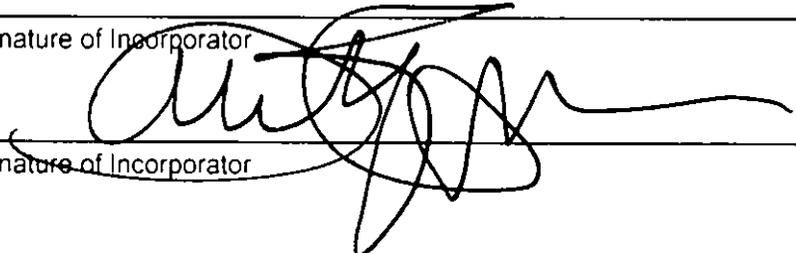
7. The name and address of each incorporator is:

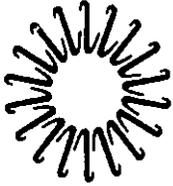
|                         |                                |                   |
|-------------------------|--------------------------------|-------------------|
| Name<br>ANTONY F. CHU   | Address<br>228 FREEMAN PARKWAY |                   |
| City/Town<br>PROVIDENCE | State<br>RHODE ISLAND        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



# 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:                              | <b>Antony Chu, M.D.</b>   |
| 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:                           | <b>\$2,000,000 Each Medical Incident</b><br><b>\$6,000,000 Aggregate</b><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

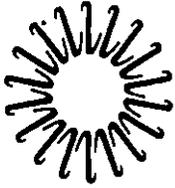
### CAVEAT

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 not 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

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### 2019/2020 LMP - RI INDEMNIFICATION

|  |   |
|--|---|
| Indemnifying Lifespan Hospital (Indemnitor):         | The Miriam Hospital   |
| Indemnified Individual:                              | <b>Antony Chu, M.D.</b>   |
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Rick Almeida, MBA  
Director, Insurance & Business Operations  
Lifespan Risk Services, Inc.

09/12/2019  
Date signed