



State of Rhode Island

## Department of State - Business Services Division

## 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:

RECEIVED  
STATE  
BUSINESS SERVICES  
DIVISION  
MAR 22 2021  
PM 2:53

1. The name of the corporation is:  
AH DENTAL PC

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:  
DENTISTRY

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
100,000	COMMON	\$0.02

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 Alaa Ahmed

Street Address (NOT a P.O. Box) 262 Main St

City/Town Harrisville

State RHODE ISLAND

Zip Code 02830

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 STAMP

MAR 22 2021

5K6H6  
2:53

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 ☐


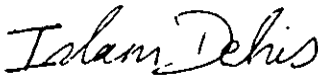
7. The name and address of each incorporator is:

Name Alaa Ahmed	Address 5 Kerrigan Way	
City/Town Woburn	State MA	Zip Code 01801
Name Islam Dehis	Address 1 Jamie Lane	
City/Town Shrewbury	State MA	Zip Code 01545
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 2/25/2021
Signature of Incorporator 	Date 2/25/2021
Signature of Incorporator	Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Integrated Insurance Solutions, LLC 1881 Worcester Road Suite 101 Framingham MA 01701		<b>CONTACT NAME:</b> Peter Manning <b>PHONE (A/C, No, Ext):</b> (508) 370-0002 <b>FAX (A/C, No):</b> (508) 370-0758 <b>E-MAIL ADDRESS:</b> pmanning@iisagency.com	
<b>INSURED</b> Islam M. Dehis, DMD 1 Jamie Lane Shrewsbury MA 01545		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fortress Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10801	

## COVERAGES

CERTIFICATE NUMBER: CL2072746392

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL COVR (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Medical Professional		3018119	07/18/2020	07/18/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		MED EXP (Any one person) \$				
		PERSONAL & ADV INJURY \$				
		GENERAL AGGREGATE \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
		N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2015 ACORD CORPORATION. All rights reserved.



**Medical Professional Mutual Insurance Company**  
One Financial Center, 675 Atlantic Avenue, Boston, MA 02111  
Phone: 800.225.6168 Fax: 617.428.9801

## COMMON POLICY DECLARATIONS Renewal Declarations

<b>FIRST NAMED INSURED AND ADDRESS:</b> Alaa Ahmed, DMD 2001 Beacon St Ste 300 Brighton, MA 02135	<b>PARTY ID:</b> 96996	<b>PRODUCER:</b> Integrated Insurance Solutions 1881 Worcester Rd Ste 101 Framingham, MA 01701 Phone: 508-370-0002	<b>PRODUCER ID:</b> 10905
<b>POLICY PERIOD:</b> 08/22/2020 to 08/22/2021 at 12:01 A.M. Standard Time at Named Insured address Above	<b>DESCRIPTION OF BUSINESS:</b> Solo Corporation		

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.**

**\*\*\*THE POLICY SHALL NOT BE EFFECTIVE UNLESS THE FIRST INSTALLMENT PAYMENT\*\*\*  
\*\*\*IS RECEIVED ON OR BEFORE THE DUE DATE DISPLAYED ON THE INVOICE.\*\*\***

### COMMERCIAL LIABILITY POLICY

**POLICY No: 001MA000023710**  
**FORMER POLICY No: 001MA000023710**

Coverage Parts	Coverage Type / Retroactive Date	Limits	Deductibles
Healthcare Provider Professional Liability	Occurrence	\$1,000,000 Per Claim \$3,000,000 Aggregate	Not Applicable
Class Code - Specialty	73202 - Dentist - Local anesthesia, general sedation		
<b>Limits of Insurance</b>			
Sexual Misconduct Legal Expense Reimbursement		\$100,000 Per Proceeding \$100,000 Aggregate	Not Applicable
Professional Conduct Review		\$25,000 Per Proceeding \$25,000 Aggregate	Not Applicable

### FORMS AND ENDORSEMENTS

COM 001 07/14 r2	Common Policy Terms
COM 002 MA 07/14 r2	Massachusetts Mandatory Amendments Endorsement
PPL 001O 07/14 r2	Provider Medical Professional Liability - Occurrence Form
PPL 015 04/15 r2	First Aid Coverage Endorsement
SMD 001C 07/14 r2	Sexual Misconduct Legal Expense Coverage Part
PLR 001C 09/16 r2	Professional Conduct Review Coverage Part

**COMMERCIAL LIABILITY POLICY PREMIUM:**

**\$1,813**

Gregg L. Hanson  
President & CEO

Erin B. Bagley  
Assistant Secretary



## Department of Health

ISLAM M. DEKIS, OMD

License No: DEN03536 Profession: Dental License Type: Dentist  
License Status: Active Issue Date: 2/23/2021 Expiration Date: 6/30/2022  
Secondary License Type:

## Education Information

School Name: Boston University Graduated: 9/1/2006

## Specialty Information

No Specialty Information

## Disciplinary Action

**Disclaimer:** The individual license information on the Licensee Lookup displays only the current license status (e.g., Active, Active Probation, Suspended, Revoked). For the disciplinary history of any individual licensee, please click on the link for the specific profession and then on the Disciplinary Actions link available on each professional board's webpage.

See Board Disciplinary Listings at <http://www.health.nj.gov/lists/disciplinaryactions>

CLOSE THIS WINDOW TO RETURN TO THE SEARCH RESULTS.



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:

March 22, 2021 02:53 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

