



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2021 MAY 24 12:32 PM

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: IV-Recovery, 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: Nursing		
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
600	Common	No Par Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
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 <input type="checkbox"/>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Robert M. Brady		
Street Address (NOT a P.O. Box) 1 Grove Avenue		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
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

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 FORM 112 - Revised 08/2020

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

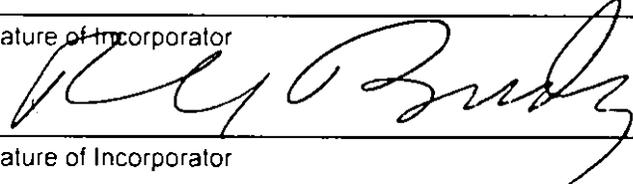
7. The name and address of each incorporator is.

Name Robert M Brady	Address 1 Grove Avenue	
City/Town East Providence	State RI	Zip Code 02914
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 4/20/21
Signature of Incorporator	Date
Signature of Incorporator	Date

MEMORANDUM OF INSURANCE Date Issued 05/17/2021

<p>Producer</p> <p>Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P O Box 14576 Des Moines, IA 50306-3576 1-800-375-2764</p>	<p>This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.</p>
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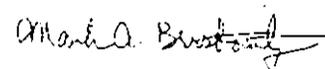
<p>Insured</p> <p>IV Recovery 14 Norman Street Newport, RI 02840</p>	<p>Company Affording Coverage Liberty Insurance Underwriters Inc.</p>
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This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability NP/CNS FrmMbr NP Adult	AHY-1045625101	04/28/2021	04/28/2022	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$6,000,000

PROOF OF INSURANCE

<p>Memorandum Holder:</p> <p>PROOF OF COVERAGE ONLY</p>	<p>Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum 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.</p>
	<p>Authorized Representative Mark Brostowitz</p>
	



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:

May 24, 2021 12:32 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

