

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 Hashem Shehadeh	Address 77 Vinton Street, Apt 3	
City/Town Providence	State Rhode Island	Zip Code 02909
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 <small>DocuSigned by:</small> Hashem Shehadeh	Date 6/8/2021
Signature of Incorporator	Date
Signature of Incorporator	Date

EASTERN DENTISTS INSURANCE COMPANY
(A Dental Society Risk Retention Group)
PROFESSIONAL LIABILITY

DECLARATIONS PAGE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

Policy Number: RIO1900818-818

Broker ID: EM00

Named Insured:
Hashem Shehadeh, DMD
Mailing Address:
10 Audubon Road
Hope, RI 02831

Emery & Webb Inc.
989 Main Street
Fishkill, NY 12524
866-279-1252

The Named Insured is: Individual

Policy Period:

Inception Date 07/15/2020 to 07/15/2021 12:01 AM standard time at the address of the named insured as stated herein.

Limits of Insurance:
\$ 2,000,000 each claim
\$ 6,000,000 annual aggregate
\$ 5,000 medical payments

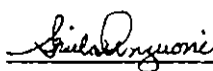
Defense Coverages:
Limits of Insurance:
\$50,000 each claim/\$50,000 aggregate
Dental Prof. Liability Licensing Board
Sexual Misconduct
Health Information

Policy Form: Occurrence Class: 1: Minimal Sedation or Less

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO THOSE COVERAGES LISTED

ITEM	ANNUAL PREMIUM
Named Insured	\$1,965.00
Vicarious Liability	N/C
Risk Management Discount	\$-98.25
	=====
TOTAL PREMIUM	\$1,866.75

Countersignature Date: 07/13/2020
At Westborough, Massachusetts
Worcester County

By: 
Sheila Anzuoni, Esq.
President and CEO

THIS IS NOT YOUR INVOICE. THE INVOICE IS ENCLOSED.