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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:

1. The name of the corporation is:		<del></del>
HTS Dental, PC	-	
Is this a close corporation pursuant to RIGL 7-1.2-1701 of	the General Laws, 1956, as am	nended? Yes No
2. The profession to be practiced through the professional ser	vice corporation is:	
Dental Practice		
3. The total number of shares which the corporation has the a (Unless otherwise stated, all authorized shares are deemed Total Authorized Shares Class of S (Number of Shares)	to have a nominal or par value	e of \$0.01 per share.) Value Per Share
1,000	\$0.01	
If you desire, you may include a statement of all or any of the desvoting rights, and the qualifications, limitations, or restrictions of t any provisions here (optional):	hem which are permitted by the p	ences, and rights, including provisions of RIGL <u>7-1.2</u> . State ox to indicate an attachment
4. The name and address of the initial registered agent/office	in Rhode Island is:	
Agent Name Hashem Shehadeh		
Street Address (NOT a P.O. Box) 77 Vinton Street, Apt 3		
City/Town Providence	State RHODE ISLAND	Zip Code 02909

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov

FORM 112 - Revised 108/1996

Docubign Envelope (U.: E78658EA-801E-4737-A248-42717E3D4E29

Additional provisions, if any, not inconsistent Articles of Incorporation:	with RIGL <u>7-1,2</u> which the incorporat	ors elect to have set forth in these		
	Chec	ck the box to indicate an attachment		
7. The name and address of each incorporator				
Name Hashem Shehadeh	Address 77 Vinton St	Address 77 Vinton Street, Apt 3		
City/Town Providence	State Rhode Island	Zip Code 02909		
Name	Address			
City/Town	State	Zip Code		
Name	Address	- <u> </u>		
City/Town	State	Zip Code		
8. Date when these Articles of Incorporation wil	be effective: CHECK ONE BOX ON	LY		
<ul><li>✓ Date received (Upon filing)</li><li>✓ Later effective date (Date must be no more</li></ul>	e than 90 days from the date of filing)			
Under penalty of perjury, I/we declare and affirm accompanying attachments, and that all statem	n that I/we have examined these Artic ents contained herein are true and co	cles of Incorporation, including any orrect.		
Signature of Incorporator  Bocustyned by.  Hashem Shehadele		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.

Broker ID: EM00

Policy Number: RIO1900818-818

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 <u>07/15/2020</u> to <u>07/15/2</u>	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 Named Insured Vicarious Liability Risk Management Discount	ANNUAL PREMIUM \$1,965.00 N/C \$-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.

Acct. Mgr: Tricia Form Date: 09/01/2016 2020-07-13 13.14.51