

Article of Incorporation

Professional Service Corporation

→ Filing Fee: \$230.00 minimum

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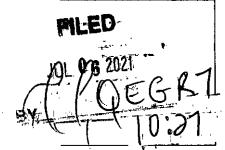
The undersigned acting as incorporator(s) of a professional service corporation under RIGL <u>7-5.1</u> and <u>7-1.2</u>, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:					
CarverRxConsulting Inc.					
Is this a close corporation pursuant to RIGL <u>7-1.2-1701</u> of the General Laws, 1956, as amended? Yes V No					
2. The profession to be practiced through	n the professional ser	vice corporation is:			
PHARMACIST					
3. The total number of shares which the (Unless otherwise stated, all authorize Total Authorized Shares (Number of Shares)		to have a nominal o	r par value of \$0.0 Par Value P		
10,000	Common		\$0.001		
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 re	gistered agent/office	n Rhode Island is:			
Agent Name United States Corporation	n Agents, Inc.				
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200					
City/Town Warwick		State RHODE IS	LAND Zip Co	ode 02888	
5. The corporation shall have perpetual	existence until dissolv	ed or terminated in a	ccordance with R	IGL 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



FORM 112- Revised: 08/2016

6. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:					
	Chack the he	x to indicate an attachment.			
7. The name and address of each incorporator is:					
Name Linda Carver	Address 15 South River Drive				
City/Town Narragansett	State RI	Zip Code 02882			
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 ONLY ONE BOX					
✓ Date received (Upon filing) ✓ Later effective date (Date must be no more than 90 days from the day 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 SIGN BOCUMENT HERE Linda Carver		Date 4-5-21			
Signature of Incorporator SIGN DOCUMENT HERE	Date				
Signature of Incorporator SIGN DOCUMENT HERE	Date				



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100040120

DATE (MM/DD/YYYY) 01/15/2021

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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). ROMIACT PHONE (AC No Ext) 800-247-5930 CHARL ADDRESS. PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370 INSURER(S) AFFORDING COVERAGE NAIC I INSURER A PHARMACISTS MUTUAL INSURANCE COMPANY INSURED INSURER 8 LINDA A CARVER 15 SOUTH RIVER DRIVE INSURER C NARRAGANSETT RI 02882 INSURER D INSURER E **COVERAGES** CERTIFICATE NUMBER: **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 AFFORED 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. ADDUSUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** OCCUR CLAIMS-MADE DAMAGE TO RENTED PREMISES [Ea occurrence] \$ MED EXP (Any one person) PERSONAL & ADV INJURY GENTL AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE POLICY FOC PRODUCTS - COMPIOP AGG OTHER AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per acodent) \$ HIRED AUTOS ONLY PROPERTY DANIAGE NON-OWNED AUTOS ONLY (Per acodent) \$ UMBRELLA LIAB \$ **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE s AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? PER LER E L. EACH ACCIDENT (Mandatory in NH) It yes, describe under DESCRIPTIONS OF OPERATIONS below E L DISEASE EA EMPLOYEE S EL DISEASE - POLICY LIMIT \$ INDIVIDUAL PHARMACIST PHL 9959157 00 PER OCCURRENCE 01/15/2021 01/15/2022 1,000,000 PROFESSIONAL LIABILITY AGGREGATE \$ 3,000,000 Ş DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is regulted) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

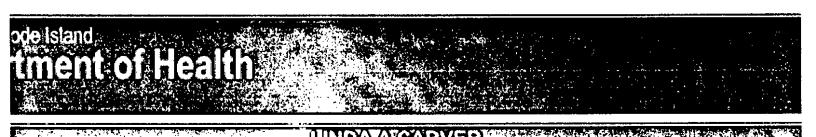
FOR EVIDENCE ONLY

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

GAIL T. WOLFE, CISR, API





Profession:

Pharmacy License Type:

Pharmacist

Issue Date:

5/28/1986

Expiration Date: 6/30/2021

Education information

RHODE ISLAND Graduated: 12/26/1985

No Specialty Information

Disciplinary Action

ne individual license information on the Licensee Lookup disp ense status (e.g., Active, Active Probation, Suspended, Revo tory of any individual licensee, please click on the link for th then on the Disciplinary Actions link available on each profe ge.

ciplinary Listings at http://www.health.ri.gov/lists/disciplinar CLOSE THIS WINDOW TO RETURN TO THE SEARCH RESULTS.