



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Article of Incorporation

Professional Service Corporation

→ Filing Fee: \$230.00 minimum

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL -6 A 10:27

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2021 MAY -3 A 11:00

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:

CarverRxConsulting Inc.

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:

PHARMACIST

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
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 registered agent/office in Rhode Island is:

Agent Name

United States Corporation Agents, Inc.

Street Address (NOT a P.O. Box)

222 Jefferson Blvd., Suite 200

City/Town

Warwick

State

RHODE ISLAND

Zip Code

02888

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

JUL 03 2021
BY [Signature] 10:21

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 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 Linda Carver <i>Linda Carver</i> SIGN DOCUMENT HERE	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 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).

PRODUCER
PHARMACISTS MUTUAL INSURANCE COMPANY
808 HIGHWAY 18 W
PO BOX 370
ALGONA IA 50511-0370

CONTACT
NAME
PHONE
(A/C No Ext) 800-247-5930
FAX
(A/C No)
E-MAIL
ADDRESS

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A PHARMACISTS MUTUAL INSURANCE COMPANY 13714

INSURER B

INSURER C

INSURER D

INSURER E

INSURER F

INSURED
LINDA A CARVER
15 SOUTH RIVER DRIVE
NARRAGANSETT RI 02882

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 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	ADDUSBR INSIDWVDI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	POLICY PRO JECT LOC					PRODUCTS - COMP/OP AGG \$
	OTHER					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below	Y/N N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	INDIVIDUAL PHARMACIST PROFESSIONAL LIABILITY		PHL 9959157 00	01/15/2021	01/15/2022	PER OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000 \$

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

CERTIFICATE HOLDER

CANCELLATION

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

GAIL T. WOLFE, CISR, API

FOR EVIDENCE ONLY



ACORD 25 (2016/03)

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Rhode Island
Department of Health

LINDA A CARVER

Profession: Pharmacy License Type: Pharmacist
Issue Date: 5/28/1986 Expiration Date: 6/30/2021

Education Information

RHODE ISLAND Graduated: 12/26/1985

Specialty Information

No Specialty Information

Disciplinary Action

For more individual license information on the Licensee Lookup display, click on the link for the license status (e.g., Active, Active Probation, Suspended, Revoked). For more disciplinary history of any individual licensee, please click on the link for the disciplinary actions then on the Disciplinary Actions link available on each professional profile page.

Disciplinary Listings at <http://www.health.ri.gov/lists/disciplinary>

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