



State of Rhode Island

Department of State - Business Services Division

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2021 AUG 24 PM 1:22

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:		
Physical Therapy Professionals, 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:		
Physical Therapy		
3. The total number of shares which the corporation has the authority to issue is:		
<i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i>		
Total Authorized Shares <i>(Number of Shares)</i>	Class of Stock	Par Value Per Share
100	Common	No Par
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 John P. McLinden		
Street Address (NOT a P.O. Box) 43 Jefferson Blvd		
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

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1:22pm

AUG 24 2021

BY 797835

FORM 112 - Revised 05/2020

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:

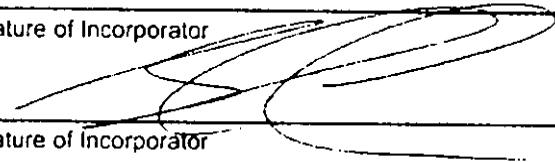
Name <u>Stephen P. Lavesque</u>	Address <u>165 Burnside Street, 2nd Floor</u>	
City/Town <u>Cranston</u>	State <u>RI</u>	Zip Code <u>02910</u>
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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) October 1, 2021

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 <u>August 24, 2021</u>
Signature of Incorporator	Date
Signature of Incorporator	Date

Account Number: RI PHYS 4300

Date: 8/23/21 Initials: LROSS

CERTIFICATE OF INSURANCE

ALLIED WORLD SPECIALTY INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:
PHYSICAL THERAPY PROFESSIONALS
INC
43 JEFFERSON BLVD
WARWICK RI 02888

Blanket Coverage
CORPORATION
CARA MCLINDEN
JOHN MCLINDEN
MICHAEL JACOBS
JOSHUA GELTRUDE

Location of Operations: N/A
(If different than address listed above)

Claim History:

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	TO BE ASSIGNED	10/01/21	10/01/22	1,000,000 3,000,000
BLANKET COVERAGE				

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: PHYSICAL THERAPY PROFESSIONALS
INC
Address: 43 JEFFERSON BLVD

WARWICK RI 02888
APA 00049 00 (05/2012)


Authorized Representative



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:

August 24, 2021 01:22 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the Seal of the State of Rhode Island.

Nellie M. Gorbea
Secretary of State

