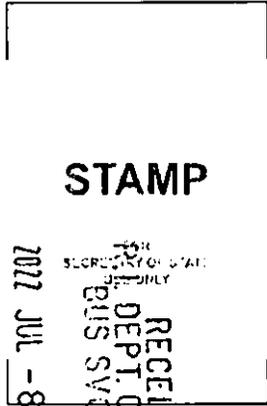




State of Rhode Island
Department of State - Business Services Division



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: TOM D. SWANSON D.D.S., 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: DENTIST		
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 (Number of Shares)	Class of Stock	Par Value Per Share
8000	COMMON	NP
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 <i>(optional)</i> : <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name TOM D. SWANSON		
Street Address (NOT a P.O. Box) 1985 EAST MAN ROAD		
City/Town PORTSMOUTH	State RHODE ISLAND	Zip Code 02871
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

1023
FILED STAMP
 JUL 08 2022
 SECRETARY OF STATE
 BY RB T/2MØ

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

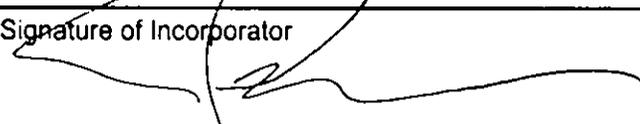
7. The name and address of each incorporator is:

Name TOM D. SWANSON	Address 1985 EAST MAIN ROAD	
City/Town PORTSMOUTH	State RI	Zip Code 02871
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 	Date 7.7.22
Signature of Incorporator	Date
Signature of Incorporator	Date

PROFESSIONAL
PROTECTOR PLAN
FOR DENTISTS



PROFESSIONAL PROTECTOR PLAN®



PROFESSIONAL LIABILITY COVERAGE PART
DENTISTS/ORAL SURGEONS CLAIMS-MADE

DECLARATIONS

NOTICE: YOUR PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A "CLAIMS MADE" BASIS AND PROVIDES COVERAGE FOR THOSE CLAIMS WHICH ARE THE RESULTS OF DENTAL INCIDENTS OCCURRING SUBSEQUENT TO THE PRIOR ACTS DATE STATED BELOW AND WHICH ARE FIRST MADE AGAINST YOU WHILE THIS INSURANCE IS IN FORCE. PLEASE DISCUSS THIS WITH YOUR AGENT.

Policy Number	From	Policy Period	To	Coverage Is Provided By
D004669-24	01/06/2022	01/06/2023		Aspen American Insurance Company
Named Insured and Address			National Administrator	
Tom D. Swanson DDS			B & B Protector Plans Inc.	
P.O. Box 382 Portsmouth, RI 02871			P.O. Box 173569 Tampa, FL 33672-3569	
			State Administrator	
			Davis & Towle, Morrill & Everett - RI	
			NH -	

Limits of Liability		Coverage
\$1,000,000	Each Claim	Professional Liability
\$3,000,000	Aggregate	
Included		Personal Injury Liability & Advertising Injury Liability
\$10,000	Each Person	First Aid
\$25,000	Each Claim	Employment Practices Liability Coverage Defense
\$25,000	Aggregate	

PRIOR ACTS DATE see schedule

\$6,048.00	Policy Premium
------------	----------------

Printed Endorsements Attached At Policy Issuance - See Attached Schedule of Endorsements

This policy shall not be valid unless countersigned by a duly authorized representative of the company.

President

Secretary

Countersigned By _____
Authorized Representative

Issue Date: 12/07/2021 08:06:53 AM . New Business
JMORRIS



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:

July 08, 2022 10:23 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

