



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2023 DEC 20 P 4: 20

Articles 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:		
DeStefano Gauch & Associates, CPA, Inc.		
☐ Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.		
2. The profession to be practiced through the professional service corporation is:		
Accounting Firm		
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
1000	common	.01
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> :		
Check the box to indicate an attachment ☐		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Steven B DeStefano		
Street Address (NOT a P.O. Box) 1131 Reynolds Rd		
City/Town Chepachet	State RHODE ISLAND	Zip Code 02814

MAIL TO:

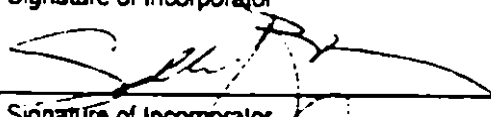
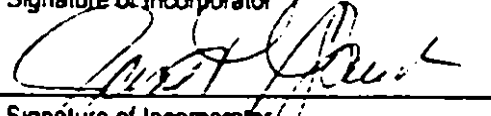
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

4:20 pm

FILED

DEC 20 2023

BY online

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		
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 Steven B DeStefano	Address 1131 Reynolds Rd	
City/Town Chepachet	State RI	Zip Code 02814
Name Janel Gauch	Address 670 Franklin Road	
City/Town Coventry	State RI	Zip Code 02816
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) _____		
9. 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 12-15-2023	
Signature of Incorporator 	Date 12-15-2023	
Signature of Incorporator	Date	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2023

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 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 KINGSTON INSURANCE AGENCY LLC 02090015 730 KINGSTOWN RD STE B6 SOUTH KINGSTOWN RI 02879	CONTACT NAME: PHONE (401) 586-6830 (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Hartford Underwriters Insurance Company 30104 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED DESTEFANO FAUCH & ASSOCIATES CPA INC 501 CENTERVILLE RD STE 203 WARWICK RI 02886-4367	

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ General Liability			02 SBA BC3KN7	12/18/2023	12/18/2024	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER	DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000					
		MED EXP (Any one person) \$10,000					
		PERSONAL & ADV INJURY \$1,000,000					
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS			02 SBA BC3KN7	12/18/2023	12/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
		BODILY INJURY (Per person)					
		BODILY INJURY (Per accident)					
		PROPERTY DAMAGE (Per accident)					
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE						EACH OCCURRENCE
	DED ☐ RETENTION \$						AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE ☐ OTH-ER ☐
A	Professional Liability			02 SBA BC3KN7	12/18/2023	12/18/2024	E L EACH ACCIDENT E L DISEASE -EA EMPLOYEE E L DISEASE - POLICY LIMIT Each Claim Limit \$2,000,000 Aggregate Limit \$2,000,000

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

Those usual to the Insured's Operations

CERTIFICATE HOLDER

RI Secretary of State
148 W RIVER ST
PROVIDENCE RI 02904

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

Susan L. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

December 20, 2023 04:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

