



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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:

Aniconi Dental Care, 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:

Dental care

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
1,000	Common	No Par Value

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

Anthony DiBiase

Street Address (NOT a P.O. Box)

303 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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FORM 112- Revised: 10/2017

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 Maxwell Aniconi	Address 4 Blissdale Avenue	
City/Town Cumberland	State RI	Zip Code 02864
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 	Date 7-4-2024
Signature of Incorporator	Date
Signature of Incorporator	Date

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EASTERN DENTISTS INSURANCE COMPANY

A Risk Retention Group
200 FRIBERG PARKWAY, SUITE 2002, WESTBOROUGH, MASSACHUSETTS 01581-3911

CERTIFICATE OF INSURANCE

Coverages	This certificate of insurance is issued for informational purposes only, as evidence of insurance in force, and does not confer any rights upon the certificate holder. Insurance provided in the policies described below are subject to all the terms, conditions, and extensions contained in such policies. The certificate holder is not an additional insured.		
Insured	Maxwell James Aniconi, DMD	Broker	
Mailing Address	4 Blissdale Ave. Cumberland, RI 02864		
Carrier	Eastern Dental Insurance Company 200 Friberg Parkway Suite 2002 Westborough, MA 01581	Policy #	OC23-12324-12324
		Coverage Period	07/15/2024 - 07/15/2025
Type Form	Professional Liability Insurance Occurrence	Limits	\$ 2,000,000 per occurrence \$ 6,000,000 aggregate
Additional Insured			
Cancellation	EDIC will not be responsible for informing the certificate holder of any changes in coverage or in the limits of liability or in the event of termination or cancellation of the policy.	Date of Issuance	May 22, 2024
	Certificate Holder	Authorized Representative 