



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2024 SEP 23 AM 8:35

**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:

RI Home Based Counseling, 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:

therapy and counseling

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
100	Common with par	1.00

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 Elizabeth Walshe, LICSW

Street Address (NOT a P.O. Box) 26 Birch St.

City/Town Portsmouth

State RHODE ISLAND

Zip Code 02871-1219

**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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BY *Conferm #*  
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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:

I wish to be taxed as an 1120-S Corporation.

Check the box to indicate an attachment

7. The name and address of each incorporator is:

Name Elizabeth Walshe	Address 26 Birch St.	
City/Town Portsmouth	State RI	Zip Code 02871-1219
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) \_\_\_\_\_

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.

Type or Print Name of Incorporator	Date
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Signature of Incorporator
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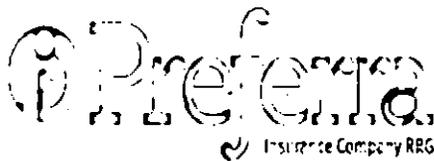
Type or Print Name of Incorporator	Date
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Signature of Incorporator
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Type or Print Name of Incorporator Elizabeth Walshe, LICSW	Date 09/18/2024
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Signature of Incorporator Elizabeth Walshe, LICSW
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



**SOCIAL WORKERS PROFESSIONAL AND SUPPLEMENTAL LIABILITY  
INSURANCE POLICY DECLARATIONS - CLAIMS MADE AND REPORTED**

Customer ID: 1KTS99KAADZ Named Insured: Elizabeth A. Walshe  
 Policy Number: P-IND1KTT3TJWK2-08  
 Effective Date: 03/16/2024 Address: 26 Birch St.  
 Expiration Date: 03/16/2025 Portsmouth, RI 02871  
 Retroactive Date: 03/16/2016

**NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGEMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT. (SEE POLICY FOR DETAILS) THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED, THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

<u>PROFESSIONAL LIABILITY COVERAGE A</u>	<u>LIMITS OF LIABILITY</u>	<u>PREMIUM</u>
Liability Per Claim Limit	\$1,000,000.00	\$180.20
Liability Aggregate Limit	\$3,000,000.00	
<u>SUPPLEMENTAL LIABILITY COVERAGE B</u>	<u>LIMITS OF LIABILITY</u>	<u>PREMIUM</u>
Liability Aggregate Limit	\$3,000,000.00	
Liability Per Claim Limit	\$1,000,000.00	
<u>ADDITIONAL COVERAGES C</u>	<u>LIMITS OF LIABILITY</u>	<u>PREMIUM</u>
Deposition Expense	\$5,000 per deposition/\$35,000 per policy period	
State License Board Investigation Defense	\$45,000.00 per policy period	
Emergency First Aid	\$15,000.00 per policy period	
Health Information - HIPAA	\$25,000.00 per policy period	
First Party Assault	\$15,000.00 per policy period	
Medical Payments	\$5,000 per incident/\$50,000 per policy period	
Wage Loss and Expense	\$1,000 per day/\$35,000 per policy period	

**TOTAL PREMIUM FOR THIS COVERAGE PART: \$180.20**

**NOTICE:** THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

**ATTENTION:** THE POLICY OF INSURANCE IDENTIFIED ABOVE HAS BEEN ISSUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED. ALL INSURED ARE SUBJECT TO THE LIMITS OF LIABILITY THAT ARE APPLICABLE TO THE POLICY. THE LIMITS OF LIABILITY MAY NOT BE STACKED TO INCREASE THE AMOUNT WE WILL PAY FOR ANY CLAIM. THE AGGREGATE LIMIT MAY HAVE BEEN REDUCED BY PAID CLAIMS. *Regarding Cancellation:* Should the policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions to the Named Insured.

Authorized Representative:

*Tony Benedetto*

Tony Benedetto

Brokered and Administered by:



Preferra RRG Risk Administrator  
1200 E. Glen Ave.  
Providence, RI 02902, 1-858-6542  
License: CAP 0778076, AP# 1322

The Preferra Insurance Company RRG Inc. supports this policy with its full faith, credit and assets.

This policy is reinsured by Swiss Re America.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2023

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 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 endorsements.

PRODUCER Preferra Insurance Company RRG Plan Administrator 1200 East Glen Avenue Peoria Heights, IL 61616-5348	CONTACT NAME	
	PHONE (A/C, No, Ext)	FAX (A/C, No)
E-MAIL ADDRESS		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Elizabeth A. Walshe 26 Birch St Portsmouth, RI 02871	INSURER A:	Preferra Insurance Company Risk Retention Group 14366
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

CUSTOMER ID: 1KT599KAA0Z

CERTIFICATE NUMBER: P-IND1KTT3TJWK2-08

REVISION NUMBER: 001

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> EP - CLAIMS MADE <input type="checkbox"/> EP - OCCUR PERM. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$
							MED. EXP. (Any one person)	\$
							PERSONAL & ADV. INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMPREH. AGG.	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (EA ACCIDENT)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEF. <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under Description of Operations below						PER STATUTE	OTHER
							EL - EACH ACCIDENT	\$
							EL - DISEASE - EACH EMPLOYEE	\$
							EL - DISEASE - POLICY LIMIT	\$
A	Professional Liability Insurance Retroactive Date: 03-16-2016	N	N	P-IND1KTT3TJWK2-08	03/16/2024	03/16/2025	Per Claim Limit	\$1,000,000.00
							Aggregate Limit	\$3,000,000.00
							State Licensing Board Limits	\$45,000.00

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 ON ACCORDANCE WITH POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE