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**State of Rhode Island  
Department of State - Business Services Division****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:  
OTR Rhode Island, P.C.

☐ 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:  
Dentistry

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
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1,000	Common	\$0.01
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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  
Corporation Service Company

Street Address (NOT a P.O. Box)  
222 Jefferson Blvd., Suite 200

City/Town  
Warwick

State  
RHODE ISLAND

Zip Code  
02888 Gary Nathan Moore

**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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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:

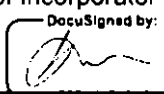
Name Gary Nathan Moore	Address 222 Lakeview Ave, Ste 1550	
City/Town West Palm Beach	State Florida	Zip Code 33401
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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 Gary Nathan Moore	Date 7/2/2024
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2024

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 NFP Healthcare Industry Insurance Services, Inc. 17100 North 67th Avenue Suite 700 Glendale AZ 85308	CONTACT NAME: David Wood PHONE (A/C, No, Ext): (602) 230-8200 FAX (A/C, No): (602) 230-8201 E-MAIL ADDRESS: david.wood@nfp.com
INSURED OrthoTech, LLC 222 Lakeview Ave Suite 1550 West Palm Beach FL 33401	INSURER(S) AFFORDING COVERAGE INSURER A: Landmark American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: COI MPL/GL 100924 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER			LHC861765	10/9/2024	10/9/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ * See Below PRODUCTS - COMP/OP AGG \$ * See Below
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ 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	N/A				PER STATUTE E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Med Prof Liability Claims Made			LHC861765 Entity Retro: 10/9/2024	10/9/2024	10/9/2025	Each Claim Limit \$1,000,000 Aggregate Limit * See Below

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

SEE ATTACHED LIST FOR COVERED PROVIDERS

\*Included in Policy Aggregate. Combined Policy Aggregate: \$3,000,000

The individual providers share in the limits of liability with the entity. Coverage is for services provided on behalf of the named insured but only with respect to the services that are performed in conjunction with OrthoTech teeth straightening procedures.

CERTIFICATE HOLDER No Certificate Holder	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 David Wood/NCC
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ACORD 25 (2014/01)  
INS025 (201401)

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## COMMENTS/REMARKS

### Covered Providers:

Amir Guirguis  
Retro Date: 10/9/2024

Ammar Mekari  
Retro Date: 10/9/2024

Brett Keeler  
Retro Date: 10/9/2024

Daniel Del Castillo  
Retro Date: 10/9/2024

Danny Leeds  
Retro Date: 10/9/2024

Eric Buck  
Retro Date: 10/9/2024

Eric Guirguis  
Retro Date: 10/9/2024

Eric Neuer  
Retro Date: 10/9/2024

Frank Altier  
Retro Date: 10/9/2024

Garrett Oka  
Retro Date: 10/9/2024

Gary Moore  
Retro Date: 10/9/2024

Jeffrey Sulitzer  
Retro Date: 10/9/2024

Kenneth Wolf  
Retro Date: 10/9/2024

Renae Roelofs  
Retro Date: 10/9/2024

Rick Silverman  
Retro Date: 10/9/2024

Robert Grossman  
Retro Date: 10/9/2024

Robert Sims  
Retro Date: 10/9/2024

Stephen Leafe  
Retro Date: 10/9/2024



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:

October 15, 2024 12:08 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

