



State of Rhode Island
Department of State - Business Services Division

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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 7-1.2-17Q1 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
1,000	Common	\$0.01

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

FILED
OCT 15 2024
BY 1208 1208

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	DocuSigned by: 	Date 7/2/2024
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Signature of Incorporator

Type or Print Name of Incorporator	Date
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Signature of Incorporator

Type or Print Name of Incorporator	Date
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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) 230-8207 E-MAIL ADDRESS: david.wood@nfp.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Landmark American Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Landmark American Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER A: Landmark American Insurance Company														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED OrthoTech, LLC 222 Lakeview Ave Suite 1550 West Palm Beach FL 33401														

COVERAGES **CERTIFICATE NUMBER:** COI MPI/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

NSR 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 <input type="checkbox"/> 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ F 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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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

Renaë 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 Leafé
Retro Date: 10/9/2024