



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:

2025 FEB 25 AM 10:43

1. The name of the corporation is: Olga Frey DMD PC		
<input type="checkbox"/> 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
100,000	COMMON	\$1,000
<p>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):</p> <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Olga Frey		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Bldg 4		
City/Town Providence	State RHODE ISLAND	Zip Code 02914

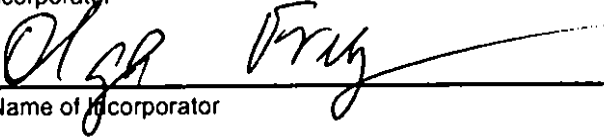
MAIL TO:

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 CHT

FORM 112 - Revised 12/2023

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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 <input type="checkbox"/>		
7. The name and address of each incorporator is:		
Name Olga Frey	Address 23 Rangeley Road	
City/Town Cranston	State RI	Zip Code 02920
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		
<input checked="checked" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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	
Olga Frey	2/11/2025	
Signature of Incorporator 		
Type or Print Name of Incorporator	Date	
Signature of Incorporator		
Type or Print Name of Incorporator	Date	
Signature of Incorporator		

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.



ProSelect Insurance Company
One Financial Center, 675 Atlantic Avenue, Boston, MA 02111
Home Office :: Phone: 800.225.6168 :: Fax: 617.428.9801

COMMON POLICY DECLARATIONS Renewal Declarations

FIRST NAMED INSURED AND ADDRESS: Olga Frey, DMD 450 Veterans Memorial Pkwy, Bldg 4 East Providence, RI 02914	PARTY ID: 102710	PRODUCER: Hickey & Associates, Inc. 1045 Warwick Avenue Ste 202 Warwick, RI 02888 401-467-6333	PRODUCER ID: 11259
POLICY PERIOD: 05/25/2024 to 05/25/2025 at 12:01 A.M. Standard Time at Named Insured address Above		DESCRIPTION OF BUSINESS: Individual Provider	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.

THE POLICY SHALL NOT BE EFFECTIVE UNLESS THE FIRST INSTALLMENT PAYMENT
IS RECEIVED ON OR BEFORE THE DUE DATE DISPLAYED ON THE INVOICE.

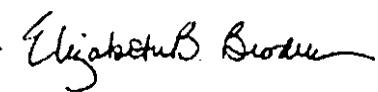
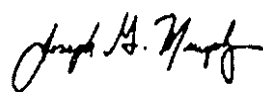
COMMERCIAL LIABILITY POLICY

POLICY NO: 002RI000015279
FORMER POLICY NO: 002RI000015279

Coverage Parts	Coverage Type / Retroactive Date	Limits		Deductibles
Healthcare Provider Professional Liability	Claims Made Retroactive Date: 03/25/1996	\$1,000,000 \$3,000,000	Per Claim Aggregate	Not Applicable
Class Code - Specialty	73202 - Dentist - Local anesthesia, general sedation			
	Limits of Insurance			
Sexual Misconduct Legal Expense Reimbursement		\$100,000 \$100,000	Per Proceeding Aggregate	Not Applicable
Professional Conduct Review		\$25,000 \$25,000	Per Proceeding Aggregate	Not Applicable

FORMS AND ENDORSEMENTS

COM 001 07/14 r6	Common Policy Terms
COM 002 RI 07/14 r6	Rhode Island Mandatory Amendments Endorsement
PPL 001C 07/14 r6	Provider Medical Professional Liability - Claims Made Form
PPL 015 04/15 r6	First Aid Coverage Endorsement
MPL 003 07/14 r6	Consent to Settle Endorsement
SMD 001C 07/14 r6	Sexual Misconduct Legal Expense Coverage Part
PLR 001C 09/16 r6	Professional Conduct Review Coverage Part


Joseph G. Murphy Elizabeth B. Brodeur
President & CEO Secretary



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:

February 25, 2025 10:44 AM

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

Gregg M. Amore
Secretary of State

