RI SOS Filing Number: 202576969790 Date: 7/17/2025 11:37:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$230.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Professional Corporation Articles of Incorporation

(Section 7-1.2 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is Parente & Company, PC

X This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended. (Uncheck if inapplicable.)

ARTICLE II

The profession to be practiced through the professional service corporation is:

ACCOUNTING SERVICES.

ARTICLE III

The total number of shares which the corporation has authority to issue is: (Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Class of Stock	Par Value Per Share	Total Authorized Shares Number of Shares
CWP	\$1.0000	1,000.00

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 or RIGL 7-1.2. State any provisions here (optional):

ARTICLE IV

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 84 RED MAPLE TERRACE

City or Town: NORTH KINGSTOWN State: RI Zip: 02852

The name of its initial registered agent at such address is NICHOLAS PARENTE

ARTICLE V

The corporation shall have perpetual existence until dissolved or terminated in accordance with

ARTICLE VI

Additional provisions, if any, not consistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

NO DIRECTOR OF THE CORPORATION SHALL BE LIABLE TO THE CORPORATION OR TO ITS

STOCKHOLDERS FOR MONETARY DAMAGES FOR BREACH OF THE DIRECTOR'S DUTY AS A

<u>DIRECTOR; PROVIDED, HOWEVER, THAT THIS ARTICLE SIXTH SHALL NOT</u> ELIMINATE OR

LIMIT THE LIABILITY OF A DIRECTOR: (I) FOR ANY BREACH OF THE DIRECTOR'S DUTY OF LOYALTY TO THE CORPORATION OR ITS STOCKHOLDERS; (II) FOR ACTS OR

OMISSIONS NOT IN GOOD FAITH OR WHICH INVOLVE INTENTIONAL MISCONDUCT OR A

KNOWING VIOLATION OF LAW; (III) THE LIABILITY IMPOSED PURSUANT TO THE PROVISIONS OF RHODE ISLAND BUSINESS CORPORATION ACT, SEC. 7-1.2-811 (AS IN EFFECT OR AS HEREAFTER AMENDED); OR (IV) FOR ANY TRANSACTION FROM WHICH THE

<u>DIRECTOR DERIVED AN IMPROPER PERSONAL BENEFIT UNLESS SAID TRANSACTION IS</u>

<u>PERMITTED BY THE RHODE ISLAND BUSINESS CORPORATION ACT, SEC. 7-1.2-807</u>
(AS

IN EFFECT OR AS HEREAFTER AMENDED). IF THE RHODE ISLAND GENERAL LAWS ARE

AMENDED AFTER THE ADOPTION OF THIS ARTICLE SIXTH TO AUTHORIZE CORPORATE

ACTION FURTHER ELIMINATING OR LIMITING THE PERSONAL LIABILITY OF DIRECTORS,

THEN THE LIABILITY OF EACH DIRECTOR OF THE CORPORATION SHALL BE ELIMINATED

OR LIMITED TO THE FULLEST EXTENT PERMITTED BY THE RHODE ISLAND GENERAL

LAWS, AS SO AMENDED. NEITHER THE AMENDMENT NOR REPEAL OF THIS ARTICLE

SIXTH NOR THE ADOPTING OF ANY PROVISION OF THESE ARTICLES OF INCORPORATION

INCONSISTENT WITH THIS ARTICLE SIXTH SHALL ELIMINATE OR REDUCE THE EFFECT

OF THIS ARTICLE SIXTH IN RESPECT OF ANY MATTER OCCURRING, OR ANY CAUSE OF

ACTION, SUIT OR CLAIM THAT, BUT FOR THIS ARTICLE SIXTH, WOULD OCCUR OR

ARISE, PRIOR TO SUCH AMENDMENT, REPEAL OR ADOPTION OF AN

INCONSISTENT PROVISION.

ARTICLE VII

The name and address of the each incorporator is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	NICHOLAS PARENTE	84 RED MAPLE TERRACE NORTH KINGSTOWN, RI 02882 USA

ARTICLE VIII

These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing.

Later Effective Date:

Signed this 17 Day of July, 2025 at 11:39:31 AM by the incorporator(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-5.1 and 7-1.2. BR> NICHOLAS PARENTE

Form No. 112 Revised 09/07

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Prior Policy Number: N/A Policy Number: 76 OH 0798266-25

HARTFORD FIRE INSURANCE CO., HARTFORD PLAZA, HARTFORD, CT 06115

A stock insurance company, herein

called the Insurer



THE HARTFORD PREMIER CHOICE PROFESSIONAL LIABILITY INSURANCE POLICYSM
Accounting & Auditing Services Professional Liability Coverage

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE READ IT CAREFULLY.

NOTICE: COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD AND WHICH HAVE BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. THE RETENTION IS APPLICABLE TO DEFENSE COSTS AND DAMAGES. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

DECLARATIONS			
ITEM 1.	NAMED ENTITY: ADDRESS:	PARENTE & COMPANY, PC 84 RED MAPLE TER NORTH KINGSTOWN, RI 02852	
ITEM 2.	PRODUCER:	76210791 NUTMEG INS AGENCY INC 8711 UNIVERSITY DRIVE EAST CHARLOTTE, NC 28213	
ITEM 3.	POLICY PERIOD EFFECTIVE FROM (Inception Date): (AT 12:01 A.M. STANDARD TIME AT ADDRESS OF T		
ITEM 4.	LIMITS OF LIABILITY (A) Professional Liability per claim \$1,000,000 (B) Personal Injury Liability per claim \$1,000,000 (C) Personally Identifiable Information Liability per Aggregate Limit All Liability Claims \$1,000,000 Is Defense outside of the Limit of Liability provided Extensions Disciplinary Proceeding Extension \$25,000 Supplementary payments Extension \$25,000 Subpoena Assistance extension \$25,000		
ITEM 5.	RETENTION: \$1,000 per Claim, including Damages at	nd Defense Costs.	
ITEM 6.		PREMIUM: \$ 1,547	
ITEM 7.	RETROACTIVE DATE: 07/18/2025		

ITEM 8.	PRIOR or PENDING DATE: 07/18/2025	
ITEM 9.	EXTENDED REPORTING PERIOD	
	Number of Years	Percentage of Annual Premium
	1	100%
	3	165%
	5	200%
	DDRESS FOR NOTICES TO THE INSURER:	
FOR CLAI	MS:	FOR ALL NOTICES OTHER THAN CLAIMS:
The Hartfo	rd	The Hartford
Hartford Fin	nancial Lines	Hartford Financial Lines
One Hartfo	rd Plaza	One Hartford Plaza
Hartford, C	T 06115	Hartford, CT 06115
HFPClaim:	s@thehartford.com	HFPExpress@thehartford.com
Fax: (917)	464-6000	Fax: (866) 586-4550
ITEM 44. E	NIDODOGNENITO ATTACHED AT EFFOTIV	UE DATE.
11EW 11: E	NDORSEMENTS ATTACHED AT EFFECTIV	E DATE:

SEE FORM GU207 (SCHEDULE OF ENDORSEMENTS)

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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:

July 17, 2025 11:37 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

