



**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 ReplenishMD Cranston P.C.

☐ 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:

MEDICINE: AESTHETIC 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 <i>Number of Shares</i>
CWP	\$0.0100	10,000.00

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: 700 NARRAGANSETT PARK DRIVE SUITE 100

City or Town: PAWTUCKET

State: RI

Zip: 02861

The name of its initial registered agent at such address is

REGISTERED AGENTS, INC.

ARTICLE V

The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

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:

"ANY ACTION THAT RQUIRES THE APPROVAL OR CONSENT OF THE SHAREHOLDERS OF THE CORPORATION, SHALL REQUIRE THE UNANIMOUS VOTE OR WRITTEN CONSENT OF ALL OF THE ISSUED AND OUTSTANDNG SHARES ENTITLED TO VOTE."

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	ELLIOT LACH M.D.	16 GASLIGHT LANE FRAMINGHAM, MA 01702 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 4 Day of August, 2025 at 2:36:25 PM 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.*

 ELLIOT LACH M.D.

Form No. 112
Revised 09/07

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CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: MPIS-C&R INSURANCE SERVICES LLC
ATTN: SETH BEATY
5814 REED RD
FORT WAYNE, IN 46835

INSURED: ELLIOT LACH, MD
77 TURNPIKE RD
SOUTHBORO, MA 01772

DATE: 04/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE
AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: The Medical Protective Company

5814 Reed Road, Fort Wayne, IN 46835

NAIC number - 11843; www.medpro.com

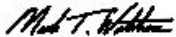
Specialty: PLASTIC SURGERY

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ _____ ☐ _____ GENL AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE \$ PER CLAIM \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ _____				COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	PROFESSIONAL LIABILITY ☐ OCCURRENCE ☒ CLAIMS MADE RETRO DATE: 07/15/2004	743607	05/15/2025	05/15/2026	PER OCCURRENCE \$ PER CLAIM \$ 1,000,000 ANNUAL AGGREGATE \$ 3,000,000
	EXCESS LIABILITY ☐ OCCURRENCE ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				☐ WC STATUTORY LIMITS ☐ OTHER E.L. EA ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	OTHER: EMPLOYMENT PRACTICES LIABILITY DEFENSE COVERAGE RETRO DATE:				PER OCCURRENCE LIMIT OF DEFENSE \$ AGGREGATE LIMIT OF DEFENSE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SEE POLICY FOR SPECIFIC COVERAGE INFORMATION/SPECIAL PROVISIONS

CERTIFICATE HOLDER:	CANCELLATION
MPIS-C&R INSURANCE SERVICES LLC ATTN: SETH BEATY 5814 REED RD FORT WAYNE, IN 46835	THE MEDICAL PROTECTIVE COMPANY WILL NOT BE RESPONSIBLE FOR INFORMING THE CERTIFICATE HOLDER OF ANY CHANGES IN COVERAGE OR IN THE LIMITS OF LIABILITY OR IN THE EVENT OF THE TERMINATION OR CANCELLATION OF THE POLICY. The Medical Protective Company Representative 



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:

August 04, 2025 02:33 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

