



**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 Merolla & Associates, 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:

TO ENGAGE IN THE PRACTICE OF LAW AND ALL LAWFUL ANCILLARY SERVICES
RELATED
THERE TO.

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>
CNP	\$0.0000	100.00

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):

TO ENGAGE IN THE PRACTICE OF LAW AND ALL LAWFUL ANCILLARY SERVICES RELATED
THERE TO.

ARTICLE IV

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

No. and Street: 469 CENTERVILLE ROAD
SUITE 206

City or Town: WARWICK

State: RI

Zip: 02886

The name of its initial registered agent at such address is STEVEN B. MEROLLA

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:

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	STEVEN B. MEROLLA	469 CENTERVILLE ROAD, SUITE 206 WARWICK, RI 02886 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: 09/02/2025

Signed this 2 Day of September, 2025 at 12:07:00 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.*

 STEVEN B. MEROLLA

Form No. 112
Revised 09/07

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Lawyers Advantage
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NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

RISK PURCHASING GROUP NOTICE

This Lawyers Professional Liability Risk Purchasing Group Policy may not be protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] the ARMS Risk Purchasing Group is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

Policy Number

LHN M108619 00

THE HANOVER INSURANCE COMPANY

440 Lincoln Street
Worcester, MA 01653
(A Stock Insurance Company, herein called the Company)

Issue Date 07/28/2025

Item 1. NAMED INSURED AND ADDRESS

Merolla & Accetturo
469 Centerville Rd., Ste. 206
WARWICK, RI 02886

Item 2. POLICY PERIOD

Inception Date: 08/01/2025

Expiration Date: 08/01/2026

(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

- a. \$3,000,000 for each **Claim**; not to exceed
- b. \$3,000,000 for all **Claims** in the Aggregate

Item 4. SUBLIMITS OF LIABILITY

Privacy and Security Liability Coverage

- a. \$1,000,000 for each **Claim**; not to exceed
- b. \$1,000,000 for all **Claims** in the Aggregate

Item 5. DEDUCTIBLE

- a. \$10,000 each **Claim**
- b. N/A for all **Claims** in the Aggregate



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Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

	LIMIT	DEDUCTIBLE
Disciplinary Proceedings	\$50,000 per Insured / \$100,000 for all Insureds	\$0
Subpoena Assistance	Unlimited	Same as Item 5 Deductible
Crisis Event	\$50,000 per Event / \$100,000 in the Aggregate	\$0
Nonprofit Directors and Officers	\$25,000 in the Aggregate	\$0
Loss of Earnings	\$1,000 per Day \$25,000 per Insured \$100,000 in the Aggregate	Not Applicable
Withheld Client Fee Assistance	\$10,000	\$0
Reputation Protection Expense	\$50,000 per Event / \$50,000 in the Aggregate	\$0
Additional Defense Expenses	\$100,000 in the Aggregate	Same as Item 5 Deductible

Item 7. RETROACTIVE DATE Full Prior Acts

Item 8. PREMIUM FOR THE POLICY PERIOD	
Membership Fee	\$10,890.00
Total Premium:	\$10,890.00

**See State Surcharge Notice(s) to Policyholder, if applicable*

Item 9. ENDORSEMENTS EFFECTIVE AT INCEPTION: See Schedule of Forms attached.

Item 10. NOTICE TO INSURER

Report a claim to the **Company** as required by Section G. Duties in the Event of Claim(s), Potential Claim(s), or Supplemental Coverage Matter(s) to:

The Hanover Insurance Company
440 Lincoln Street
Worcester, MA 01653

National Claims Telephone Number: 1-800-628-0250, extension 8556281

Facsimile: 508-926-4789

Email: lawyerclaim@hanover.com



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Agent on behalf of: BROWN & BROWN INS SVCS INC
500 VICTORY RD.
QUINCY, MA 02171

We have caused this Policy to be signed by our President and Secretary and countersigned where required by a duly authorized agent of the Company.

A handwritten signature in black ink, appearing to read "John C. Roche".

John C. Roche, President

A handwritten signature in black ink, appearing to read "Charles F. Cronin".

Charles F. Cronin, Secretary