



**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 NOOR HEALTHCARE PARTNERS PC

☒ 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:

THE FAMILY NURSE PRACTITIONER (FNP)

**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<br><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):

**ARTICLE IV**

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

No. and Street: 164 HARVARD STREET

City or Town: CRANSTON

State: RI

Zip: 02920

The name of its initial registered agent at such address is GRIGOR ODABASHYAN

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|--------------|------------------------------------------------|------------------------------------------------------------|
| INCORPORATOR | SOUAD CHETEVAN                                 | 315 MOUNT PLEASANT AVE<br>PROVIDENCE, RI 02908 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: 01/01/2026

**Signed this 3 Day of October, 2025 at 3:11:52 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.*  
<BR> SOUAD CHETEVAN

Form No. 112  
Revised 09/07

© 2007 - 2025 State of Rhode Island  
All Rights Reserved



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP  
Certificate of Insurance



Print Date : 10/03/2025

| PRODUCER                                                                                                 | BRANCH | PREFIX | POLICY NUMBER                                                                                                                                                      | POLICY PERIOD                                                                                                                         |
|----------------------------------------------------------------------------------------------------------|--------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 018098                                                                                                   | 970    | HPG    | 0836266992                                                                                                                                                         | From: 01/01/26 to 01/01/27 at 12:01 AM Standard Time                                                                                  |
| <b>Named Insured and Address:</b><br>Souad Cheteyan<br>315 Mount Pleasant Avenue<br>Providence, RI 02908 |        |        | <b>Program Administered by:</b><br>Nurses Service Organization<br>1100 Virginia Drive, Suite 250<br>Fort Washington, PA 19034-3278<br>1-800-247-1500   www.nso.com | <b>Insurance Provided by:</b><br>American Casualty Company of Reading,<br>Pennsylvania<br>151 N. Franklin Street<br>Chicago, IL 60606 |
| <b>Medical Specialty:</b><br>Nurse Practitioner, Class 3 (see page 2)                                    |        |        | <b>Code:</b><br>80965                                                                                                                                              |                                                                                                                                       |

Excludes Cosmetic Procedures

**Professional Liability ("PL"):** ☒ **Occurrence** ☐ **Claims Made and Reported**

Limits of Liability

\$1,000,000 each claim / \$6,000,000 aggregate

PL Limits of Liability above include the following:

\*Healthcare Providers Services Liability \*Placement Services Liability \*Formal Review Board Activities Liability \*Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (Included within PL Limits of Liability shown above)

\$25,000 aggregate

Defense Costs (Included within PL Limits of Liability shown above)

\$100,000 aggregate

**PL Supplementary Benefits**

Licensure Defense Expenses

Up to \$200 per hour / \$25,000 aggregate

Licensure Proceeding Supplemental Costs

\$500 each Insured / \$500 aggregate

Subpoena Assistance Costs

\$10,000 each subpoena / \$10,000 aggregate

Assault (Includes workplace violence counseling)

\$25,000 each assault incident / \$25,000 aggregate

Patient First Aid Medical Expenses

\$10,000 aggregate

Services to Animals Property Damage

\$10,000 aggregate

Media Expense

\$25,000 aggregate

Information Privacy (HIPAA) Fines & Penalties

\$25,000 aggregate

**Workplace Liability: Occurrence**

Workplace Liability Aggregate Limit of Liability

\$1,000,000 aggregate

(Included within PL Aggregate Limit of Liability, above)

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(Included within Workplace Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(Included within Workplace Aggregate, above)

Fire and Water Sublimit of Liability

\$150,000 aggregate

(Included within Bodily Injury and Property Damage each occurrence Limit, above)

Residential Personal Liability

\$1,000,000 aggregate

(In addition to the Workplace Aggregate, above)

**Workplace Liability Supplementary Benefit**

Non-Patient Medical Expenses

\$25,000 each person

**PL and GL/WPL (as applicable) Supplementary Benefit:**

Proceeding Expense Reimbursement

\$1,000 each Insured per day / \$25,000 each Insured per proceeding

Total \$1,589.00

Base Premium \$1,589.00

Premium reflects Self Employed, Full Time, 60% new Graduate Discount

Policy Forms and Endorsements (Please see attached list)

Doug Worman, Chief Executive Officer

Stathy Darcy, Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA101440 (07-23)

© CNA All Rights Reserved.

Page 1



Your professional liability insurance contains insuring agreements that may be written on an occurrence or a claims made and reported basis. With respect to any claims made and reported coverage such coverage applies only to claims first made against the insureds and reported to the insurer during the policy period or any applicable extended reporting period in accordance with the provisions of this policy. Please discuss with your Program Administrator.

**DEFENSE WITHIN LIMITS: WHERE DEFENSE WITHIN LIMITS IS INDICATED BELOW OR BY ENDORSEMENT, THE AMOUNT OF MONEY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS AGAINST YOU UNDER SUCH SPECIFIED COVERAGE PART WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.**

The application for the policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the policy as if physically attached.

#### POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

| FORM #              | FORM DESCRIPTION                                                       |
|---------------------|------------------------------------------------------------------------|
| CNA101429 (07-23)   | General Terms and Conditions                                           |
| CNA101432 (07-23)   | Healthcare Providers Professional Liability Coverage Part (Occurrence) |
| CNA101436 (07-23)   | Workplace Liability Coverage Part                                      |
| CNA81753 (03-15)    | Coverage & Cap on Losses from Certified Acts Terrorism                 |
| CNA81758 (01-21)    | Notice - Offer of Terrorism Coverage & Disclosure of Premium           |
| CNA101458 (07-23)   | HIPAA Proceedings Supplementary Benefits Endorsement                   |
| CNA101577 (07-23)   | Biometric Privacy Exclusion Endorsement                                |
| CNA101512RI (12-23) | Cancellation & Nonrenewal Amendatory Endorsement                       |
| CNA101441 (07-23)   | Cosmetic Procedures Exclusion Endorsement                              |
| CNA101443 (07-23)   | Media Event Expenses Supplementary Benefits Endorsement                |
| CNA101450 (07-23)   | Entity, Employees or Independent Contractor Exclusion Endorsement      |
| CNA101463 (07-23)   | Personal Liability Coverage Endorsement                                |

#### Summary of Classes:

- *Class I: Adult, Dermatology, Family Planning (no delivery), Gerontology, Oncology, Women's Health (no delivery) Nurse Practitioners*
- *Class II: Psychiatric Mental Health Nurse Practitioners*
- *Class III: Acute critical care, Cardiac, Emergency, Family, Neonatal, Orthopedic, Pediatric Nurse Practitioners*
- *Class IV: OB-GYN Nurse Practitioner*

Form #: CNA101440 (07-23)  
Master Policy #: 188711433

Named Insured: Souad Cheteyan  
Policy #: 0836266992



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:

October 03, 2025 03:11 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*

