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# 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 AugurWell, P.C.

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:

## THE PROVISION OF HEALTH CARE BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS.

### 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	\$0.0100	4,000.00

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):

ACTION BY THE SHAREHOLDERS PURSUANT TO RHODE ISLAND GENERAL LAWS SECTION 7-1.2-707 IS HEREBY AUTHORIZED.

#### **ARTICLE IV**

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

No. and Street: ONE PARK ROW

**SUITE 300** 

City or Town: PROVIDENCE State: RI Zip: <u>02903</u>

The name of its initial registered agent at such address is <u>DON E. WINEBERG</u>

#### **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:

NO DIRECTOR OF THE CORPORATION SHALL BE PERSONALLY LIABLE TO THE CORPORATION OR ITS SHAREHOLDERS FOR MONETARY DAMAGES FOR BREACH OF THE

<u>DIRECTOR'S DUTY AS A SHAREHOLDER; PROVIDED THAT THE FOREGOING SHALL NOT</u>

ELIMINATE OR LIMIT THE LIABILITY OF A DIRECTOR (I) FOR ANY BREACH OF THE

<u>DIRECTOR'S DUTY OF LOYALTY TO THE CORPORATION OR ITS SHAREHOLDERS;</u>
(II) FOR

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

OR A KNOWING VIOLATION OF LAW; (III) IMPOSED PURSUANT TO THE PROVISIONS OF

RHODE ISLAND GENERAL LAWS SECTION 7-1.1-43; OR (IV) FOR ANY TRANSACTION FROM WHICH THE DIRECTOR DERIVED AN IMPROPER PERSONAL BENEFIT (UNLESS SAID

TRANSACTION IS PERMITTED BY RHODE ISLAND GENERAL LAWS SECTION 7-1.1-37.1).

#### 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	JULES CHYTEN-BRENNAN DO	25 JOHN A CUMMINGS WAY WOONSOCKET, RI 02895 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 16 Day of October, 2025 at 3:05:10 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.
 JULES CHYTEN-BRENNAN DO

Form No. 112 Revised 09/07

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### **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 New Business Declarations

FIRST NAMED INSURED AND ADDRESS: PARTY ID: 1065368 PRODUCER: PRODUCER ID: 10912

Jules Chyten-Brennan, DO 25 John A Cummings Way Woonsocket, RI 02895 USI Insurance Services LLC 600 Third Avenue, 3rd Floor New York, NY 10016

917-551-8500

POLICY PERIOD: 10/01/2025 to 10/01/2026 at 12:01 A.M. DESCRIPTION OF BUSINESS:

Standard Time at Named Insured address

Individual Provider

Above

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: 002RI000051882 FORMER POLICY NO: N/A

Coverage Parts	Coverage Type / Retroactive Date	Limits	Deductibles
Healthcare Provider Professional Liability	Occurrence	\$1,000,000 Per Claim \$3,000,000 Aggregate	
Class Code - Specialty	84257 - Internal Medicine - No Surgery - DO		
		Limits of Insurance	
Sexual Misconduct Legal Expense Reimbursement		\$100,000 Per Proceeding \$100,000 Aggregate	J 1 1
Professional Conduct Review		\$25,000 Per Proceeding \$25,000 Aggregate	, , ,

#### FORMS AND ENDORSEMENTS

COM 001 07/14 r6 Common Policy Terms

COM 002 RI 07/14 r6 Rhode Island Mandatory Amendments Endorsement
PPL 0010 07/14 r6 Provider Medical Professional Liability - Occurrence Form
PPL 005 07/14 r6 Restricted 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

**COMMERCIAL LIABILITY POLICY PREMIUM:** 

\$7,738

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

sept A. Mury ElizabetuB. Broden

Activity No: 968037

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

CYBER LIABILITY & PROTECTION PLUS		POLICY NO: 002RI000051882CPP		
Coverage	Coverage Type / Retroactive Date	Limits of Liability	Deductibles	
Cyber Liability & Protection Plus	Claims Made Retroactive Date: See DEC 008D	See DEC 008C	See DEC 008C	
FORMS AND ENDORSEMENTS				
DEC 008C 07/18 r6 DEC 008D 07/18 r6 CPP 001C 07/18 r6 CPP 002 07/18 r6 CPP 003 RI 07/18 r6	Cyber Liability and Protection Plus Coverage Limit Schedule Cyber Liability and Protection Plus Coverage Group Schedule Cyber Liability and Protection Plus Coverage - Claims Made Coverage Form ACO Professional Services Defense Coverage Endorsement Rhode Island Mandatory Amendments Endorsement			
CYBER LIABILITY & PROTECTION	N PLUS POLICY PREMIUM:		\$0	
TOTAL PREMIUM:			\$7,738	

Joseph G. Murphy President & CEO

Elizabeth B. Brodeur Secretary

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Joseph St. Margy ElizabetuB. Broden

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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:

October 16, 2025 03:04 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

