RI SOS Filing Number: 202222159030 Date: 8/15/2022 1:46:00 PM



State of Rhode Island

Department of State - Business Services Division

Article of Incorporation

Professional Service Corporation

→ Filing Fee: \$230.00 minimum

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2022 AUG 15 P 1: 46

he undersigned acting as incorporate RIGL 7-5.1 and 7-1.2, adopt(s) the following the	or(s) of a professional servillowing Articles of Incorpor	rice corporation under ration for such corporation:	<u> </u>		
1. The name of the corporation is:					
Island Tree Physical Therapy, P.	C.		•		
Is this a close corporation pursual	nt to RIGL <u>7-1.2-1701</u> of th	ne General Laws, 1956, as ame	ended? Yes No		
2. The profession to be practiced thro Physical Therapy Services	ough the professional serv	ice corporation is:			
3. The total number of shares which (Unless otherwise stated, all authorized Shares (Number of Shares)	the corporation has the au orized shares are deemed Class of St	to have a nominal or par value	of \$0.01 per share.) Value Per Share		
1,000	Common		\$0.01		
If you desire, you may include a state: voting rights, and the qualifications, lin any provisions here (optional):	nitations, or restrictions of t	nem which are permitted by the b	nces, and rights, including provisions of RIGL <u>7-1,2</u> . State ox to indicate an attachment		
4. The name and address of the init	ial registered agent/office	in Rhode Island is:			
Agent Name CT Corporation System					
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Highwa	v. Suite 7A		•		
100 Telefand memoria ingilia	,,,				
City/Town East Providence	,,, <u>,</u>	State RHODE ISLAND	Zip Code 02914		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FII FC

6 1 5 2022

FORM 112 - Revised: 2/xC

6. Additional provisions, if any, not inconsistent with RIGL 7-1 Articles of Incorporation:	<u>.2</u> which the inc	orporators elect to I	have set forth in these	
		Check the box to	o indicate an attachment	
7. The name and address of each incorporator is:		. <u> </u>		
Name Amanda J Altland	Address 4714 Gettysburg Rd			
City/Town Mechanicsburg	State PA		Zip Code 17055	
Name	Address			
City/Town	State	Z	p Code	
Name	Address			
City/Town	State	tate Zip Code		
8. Date when these Articles of Incorporation will be effective.	CHECK ONE	BOX ONLY		
X Date received (Upon filing)Later effective date (Date must be no more than 90 day				
Under penalty of perjury, I/we declare and affirm that I/we had accompanying attachments, and that all statements contains	ave examined the	ese Articles of Inco e and correct.	rporation, including any	
Signature of Incorporator Amanda J Alland		Date 8.3.3033		
Signature of Incorporator		[Date	
Signature of Incorporator			Date	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

una certificate does not comer rights to	tile cert	meate noider in hed or st		Or sement(s)	<u>, </u>				
PRODUCER			CONTAC NAME	T SelectMed	Unit				
The Graham Company			PHONE (A/C, No. Ext): 215-567-6300 FAX (A/C, No): 215-405-2711						
The Graham Building			E-MAIL OF FOTAED HANTS						
1 Penn Square West			ADDRESS: SELECTIMED_UNTI (@granamco.com						
Philadelphia PA 19102-			INSURER(S) AFFORDING COVERAGE					NAIC #	
			INSURER A. Liberty Mutual Fire Ins. Co.				ļ	23035	
INSURED		SELEMED-01	INSURER B Liberty Insurance Corporation					42404	
Island Tree Physical Therapy, P.C.			INSURER C Allied World Assurance Company. AG						
c/o Select Medical Corporation								41718	
4714 Gettysburg Road Mechanicsburg			INSURER D. Endurance American Specialty Insurance Company						
Mechanicsburg PA 17055			INSURER E National Fire & Marine Ins Co				20079		
			INSURER F - American Guarantee & Liability				26247		
COVERAGES CERT	IFICATE	NUMBER: 1175244840				REVISION NUMBER:			
THIS IS TO CERTIFY THAT 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 P									
EXCLUSIONS AND CONDITIONS OF SUCH P							_		
INSR LTR TYPE OF INSURANCE	NSD WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S		
COMMERCIAL GENERAL LIABILITY	1110					EACH OCCURRENCE	s		
CLAIMS-MADE OCCUR		:				DAMAGE TO RENTED PREM SES (Ea occurrence)	ş		
		ı				MED FXP (Any one person)	s		
·						PERSONAL & ADV INJURY	s		
						ì · 	 		
GEN LAGGREGATE LIMIT APPLIES PER		ļ				GENERAL AGGREGATE	\$		
		 !				PRODUCTS - COMP/OP AGG	<u>.s</u>		
OTHER		<u> – </u>					\$		
A AUTOMOBILE LIABILITY		A\$2-631-509047-032		4/1/2022	4/1/2023	COMBINED SINGLE : IMIT ((Fallecox(unt))	\$ 2,000	.000	
X ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per assident)	5		
AUTOS ONLY L. I AUTOS HIRED I NON-OWNED						"PROPERTY DAMAGE	5		
AUTOS ONLY AUTOS ONLY	!					' (per scoqéu <u>i)</u>	s	 .	
	`		<u>-</u> -						
E X UMBRELLA LIAB X OCCUR	1	EN065306		12/31/2021	12/31/2022	EACH OCCURRENCE	SEE	BELOW	
EXCESS LIAB X CLAIMS WADE						AGGREGATE	<u>. s</u>		
DED X RETENTIONS SEE BELOW	_		į	1		<u> </u>	5		
B WORKERS COMPENSATION	-	WA7-63D-509C47-012	i	4/1/2022	4/1/2023	X PER STATUTE OTH-			
B AND EMPLOYERS' LIABILITY ANYPROPRIE TORPART NERVEXECUTIVE N/A OFFICERWEMBEREXCLUDED? N/A		WC5-631-509047-022	:	4/1/2022	4/1/2023	E L EACH ACCIDENT \$ 1,000,000		000	
(Mandatory In NH) If yes, describe under						E L. DISFASE - FA EMPLOYEE \$ 1,000,000			
DÉSCRIPTION OF OPERATIONS below				i		EL DISEASE POLICY LIMIT		Aggregate	
C Excess Labrity Excess Labrity F Property		C01445/020 HLC10015124001 ZMD5917837-16		12/31/2021 12/31/2021 12/31/2021	12/31/2022 12/31/2022 12/31/2022	\$15M Each Occ/Claim \$10M Each Occ/Claim SEE BELOW		Aggregate	
					-	<u> </u>	L		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE EXCESS COMMERCIAL GENERAL LIABILI	ES (ACORD) 101, Additional Remarks Schedu CDACE (CGL) - S10M Ego	le, may be	attached if more	e space is requir Aggregate I i	ed) mit Excess of \$2M Self-In	sured F	Petention:	
EXCESS PROFESSIONAL LIABILITY COVE	FRAGE (PL) - \$7M Each Claim/\$7M	1 Aggred	ale Limit Exc	cess of S5M	Self-Insured Retention: Bo	oth Cove	erages are	
subject to a \$10M Policy Aggregate Limit		-, •, •, •, •, •, •, •, •, •, •, •, •, •,	33 -3	,				J	
EXCESS LIASH ID: COVEDAGE NEW	0 AA-		40104100	NA 2022 De	II 45N0676	EOO. CENA COENA I imais			
EXCESS LIABILITY COVERAGE: National F	-ire & Ma	irine insurance Company,	12/31/20	J21-2022; PO	ilcy #ENU575	33, \$3M X \$33M FIMIT			
PROPERTY COVERAGE. \$5,000,000 Limit replacement cost basis.	for Unna	med/Unscheduled Location	ns. Spe	cified Limits f	for Scheduled	d Locations. Coverage is	provide	d on a	
See Attached									
CERTIFICATE HOLDER			CANC	CANCELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
EVIDENCE OF INSURANCE			AUTHOS	1750 DCDD566	AIT A TIME	<u></u>		·	

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I, NELLIE M. GORBEA, 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 15, 2022 01:46 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

