RI SOS Filing Number: 202224108810 Date: 10/11/2022 3:05:00 PM

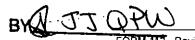
State of Rhode Island  Department of State - Bus	siness Services Division		
Article of Incorporation Professional Service Corporation			2022 OC 50
→ Filing Fee: \$230.00 minimum	DEPTO		
he undersigned acting as incorporator(s IGL $7-5.1$ and $7-1.2$ , adopt(s) the follow			E STAN S DIV
The name of the corporation is:			OJ M
NORWICH ORTHOPEDIC GRO	UP PC	- ; 	
Is this a close corporation pursuant to	o RIGL <u>7-1.2-1701</u> of the Genera	ll Laws, 1956, as am	nended? Yes No
2. The profession to be practiced throug	h the professional service corpo	ration is:	
MEDICAL			
3. The total number of shares which the (Unless otherwise stated, all authoriz ITotal Authorized Shares (Number of Shares)	•	nominal or par value	e of \$0.01 per share.) Välue Per Shäre
5,000	Common	<u>\$0</u>	·····
If you desire, you may include a statemen voting rights, and the qualifications, limitations provisions here (optional):		are permitted by the p	
4. The name and address of the initial re	egistered agent/office in Rhode Is	sland is:	
Agent Name NICOLE ARCAND, M	l.D.		
Street Address ( <u>NOT</u> a P.O. Box) 21 P	URGATORY ROAD		
City/Town EXETER	State RH	ODE ISLAND	Zip Code 02822
			•

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 3:05



Additional provisions, if any, not inconsistent with RI Articles of Incorporation:	GL <u>7-1.2</u> which the incorpor	ators elect to have set forth in these		
•				
		_		
7. The company of each incompany in	Ch	eck the box to indicate an attachment		
The name and address of each incorporator is:	· · ·			
Name TARIK KARDESTUNCER	/2 LORI	Address 72 LORD HILL LANE		
City/Town OLD LYME	State CT	State CT Zip Code 06371		
Name MICHAEL HALPERIN		11 FOXBORO ROAD		
City/Town ESSEX	State CT	Zip Code 06246		
Name JONATHAN PIPOSAR	Address 9 TALCO	Address 9 TALCOTT FARM ROAD		
OLD LYME State CT		Zip Code 06371		
8. Date when these Articles of Incorporation will be effe	ective: CHECK ONE BOX C	DNLY		
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 9	90 days from the date of filin	g)		
Under penalty of perjury, I/we declare and affirm that I/accompanying attachments, and that all statements co				
Signature of Incorporator		Date		
		10/5/2022		
Signature of Incorporator	Date			
M. C.	10/5/2022			
Signature of Incorporator		Date		
	10/5/2022			
	- <del></del>			

NORWORT-01

BPHINITSOVANNA

DATE (MM/DD/YYYY)

## **CERTIFICATE OF LIABILITY INSURANCE** THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

10/13/2022

MSURED  Norwich Orthopedic Group PC dibia Orthopedic Partners 82 New Park Avenue North Franklin, CT 08254  Norwich Orthopedic Group PC dibia Orthopedic Partners 82 New Park Avenue North Franklin, CT 08254  Norwich Orthopedic Group PC dibia Orthopedic Partners 82 New Park Avenue North Franklin, CT 08254  Norwich Orthopedic Group PC dibia Orthopedic Partners 82 New Park Avenue North Franklin, CT 08254  Norwich Orthopedic Group PC dibia Orthopedic Partners 82 New Park Avenue North Franklin, CT 08254  Norwich Orthopedic Group PC dibia Orthopedic Partners 82 New Park Avenue North Franklin, CT 08254  Norwich Orthopedic Group PC dibia Orthopedic Partners 83 New Park Avenue North Franklin, CT 08254  North Franklin, CT	BELOW. THIS CERTIFICATE OF INSURAL REPRESENTATIVE OR PRODUCER, AND TH	NCE DOES NOT CONSTI LE CERTIFICATE HOLDER.	TUTE A CONTRACT	BETWEEN	THE ISSUING INSURER	R(S), AUTHORIZED	
More in surance Associates, LLC 616 Clock Tower Commons Frewster, NY 10509  Mover A. Pacific Employers Insurance Company  2214  Mover A. Pacific Employers Insurance Company  2214  Mover B. ACE Property and Casualty Insurance Co. 2069  Mover B. ACE Property Ace Co. 2069  Mover B. ACE Property Ace Casualty Insurance Co. 2069  Mover B. ACE Property Ace Casualty Insurance Co. 2069  Mover B. ACE Casualty Insurance Co. 2069  Mo	If SUBROGATION IS WAIVED, subject to	the terms and conditions	of the policy, certain	policies may	NAL INSURED provision y require an endorsement	ns or be endorsed. nt. A statement on	
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Brewstor, NY 19599    Application   Applicat	World Insurance Associates, LLC		279-5151	FAX (A/C No)			
MSURER(S) AFFORMING COVERAGE  MISURER A Pacific Employers Insurance Company  Norwich Orthopedic Group PC db/s Orthopedic Partners  Now Park Avenue  North Franklin, CT 08254  **SURER E   MSURER E							
MSUREA A PACIFIC Employers insurance Company 2274  MSUREA A PACIFIC Employers insurance Company 2274  MSUREA A PACIFIC Employers insurance Co. 2689  MSUREA A PACIFIC Employers insurance A PACIFIC Employers insurance Co. 2689  MSUREA A PACIFIC Employers insurance Co. 2689  MSUREA A PACIFIC Employers insuran				SURFR(S) AFFO	POING COVERAGE	NAIC #	
MSURER B. ACE Property and Casualty Insurance Co. 2069:  Norwich Orthopedic Group PC dible Orthopedic Partners 82 New Park Avenue North Franklin, CT 06254  **SURER B.**					_		
Norwich Orthopedic Group PC drible Orthopedic Partners 3 New Park Avenus North Franklin, CT 06254  **SOURCE COVERAGES**  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PINDICATED. NOTWITESTANDING ANY REQUIREMENT TERM OR COORDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH PERCURSIONS AND CONDITIONAD OF SUCH PARTN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBERERIN ISSUED TO THAT THE POLICY PINDICATED. NOTWITESTANDING ANY REQUIREMENT TERM OR COORDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH PERCURSIONS AND CONDITIONAD OF SUCH PRIVATE BEEN INSURED TO ALL THE TEXT OF INSURANCE AFFORD BY THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY PINDICATED BY THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  TYPE OF INSURANCE SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  BY ALL DESCRIPTION OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  ADD. SUBRECT SHAPE OF THE POLICY BY PARO LIAMS.  BY ALL DESCRIPTION OF THE POLICY BY PARO LIA		<del></del>				<del></del>	
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CANCELLATION	CERTIFICATE HOLDER	·	CANCELLATION				
	82 Smith Street		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
AUTHORIZED REPRESENTATIVE			AUTHORIZED REPRESENTATIVE				
Wold Transpared Associate . 110			MARITAGE		1-		

RI SOS Filing Number: 202224108810 Date: 10/11/2022 3:05:00 PM



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:

October 11, 2022 03:05 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

