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State of Rhode Island

Department of State - Business Services Division

TR.I. DEPT. OF STATE
BUS SVCS DIV

-2022 OCT 28 PM 2: 09

Article of Incorporation

Professional Service Corporation

→ Filing Fee: \$230.00 minimum

| The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation | | | | | |
|--|------------------|---|-------------------|--|--|
| 1. The name of the corporation is: | | | | | |
| RHODY EYE CARE, PC | | | | | |
| Is this a close corporation pursuant to RIGL <u>7-1,2-1701</u> of the General Laws, 1956, as amended? V Yes No | | | | | |
| 2. The profession to be practiced through the professional service corporation is: | | | | | |
| OPTOMETRY | | | | | |
| 3. The total number of shares which the corpora (Unless otherwise stated, all authorized shares Total Authorized Shares (Number of Shares) 100 If you desire, you may include a statement of all or voting rights, and the qualifications, limitations, or rany provisions here (optional) | c any of the des | to have a nominal or par value tock Par Signations and the power, preference which are permitted by the | value Per Share | | |
| 4. The name and address of the initial registered agent/office in Rhode Island is: | | | | | |
| Agent Name DR. MICHELE LEVY | | | | | |
| Street Address (NOT a P.O. Box) 55 BEACH STREET- BUILDING 1-UNIT 4 | | | | | |
| City/Town WESTERLY | | State RHODE ISLAND | Zip Code 02891 | | |
| 5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-1,2</u> . | | | | | |

MAIL TO:

Division of Business Services

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

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

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| 6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation: | | | | |
|---|--------------|-----------------------------|--|--|
| | Check the bo | x to indicate an attachment | | |
| 7. The name and address of each incorporator is: | | | | |
| De. Michele Levy | 56 BLACK | Stelet-Buildy | | |
| City/Town J | State | Zip Code 02891 Un | | |
| Name | Address | | | |
| City/Town | State | Zip Code | | |
| Name | Address | | | |
| City/Town | State | Zıp Code | | |
| 8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY | | | | |
| ✓ Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) | | | | |
| Under penalty of perjury. I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct. | | | | |
| Signature of Incorporator | \sim | Date | | |
| undule Truy, | SK) | 10/24/2022 | | |
| Signature of Incorporator | | Date | | |
| Signature of Incorporator | | Date | | |

MICHLEV-01

JFORSCHINO

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2022

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). CONTACT Jeanne Forschino PRODUCER Anderson-Meyer Insurance, Inc. PHONE (A/C, No. Ext): (860) 659-3741 104 FAX (A/C, No) 2225 Main Street Glastonbury, CT 06033 E-MAIL ADDRESS iforschino@amiagency.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A Selective Insurance Company of South Carolina 19259 INSURED INSURER B Ohio Security Insurance Company 24082 MICHELE LEVY OD PC INSURER C 2 LAFAYETTE CT 2ND FLOOR INSURER D GREENWICH, CT 06830 INSURER F INSURER F COVERAGES **CERTIFICATE NUMBER: 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 PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HIRRLIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADOL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 2,000,000 FACH OCCURRENCE CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) S 2512884 3/1/2022 3/1/2023 10,000 MED EXP (Any one person) PERSONAL & ADV INJURY 4.000,000 GENTLAGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 4,000,000 POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODL Y INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) MIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE 5 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 5 DED RETENTION'S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETORISHARTNER EXECUTIVE OFFICER-MEMBER EXCLUDED? (Mandatory in NH) EIL EACH ACCIDENT EL DISFASE - LA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below _ FI_DISEASE_POLICY_LIMIT DEDUCTIBLE 1,000 **BUSINESS PERS PROP** S 2512884 3/1/2022 3/1/2023 428,644 **B PROFESSIONAL LIAB** BZS59632167 3/1/2022 3/1/2023 AGGREGATE 4,000,000 2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WITH REFERENCE TO: 55 BEACH STREET, WESTERLY RHODE ISLAND 02891-, BUILDING #1 UNIT #4 THE ABOVE INSURANCE IS TRANSFERRABLE. CERTIFICATE HOLDER 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. **PROOF OF INSURANCE** AUTHORIZED REPRESENTATIVE Same Inschine



Department of Health

Three Capitol Hill Providence, RI 02908-5097

health.ri.gov

MICHELE LEVY 25 GLENBROOK ROAD APT 225 STAMFORD CT 06902

Please find your license card attached below indicating your license type, license number and expiration date. Report any change of Email address or mailing address immediately to your licensing Board or email doh.elicense@health.ri gov

Information about your license Board and profession may be found on the Department's Web Site: https://health.ri.gov.



State of Rhode Island

https://health.ri.gov

MICHELE LEVY

CSR-Optometrist TX RX Amp. Glaucoma

CODTG00734 expires 01/31/2023

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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:

October 28, 2022 02:09 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

