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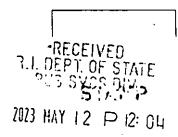
State of Rhode Island

Department of State - Business Services Division

Article of Incorporation

Professional Service Corporation

→ Filing Fee: \$230.00 minimum



RIGL <u>7-5.1</u> and <u>7-1.2</u> , adopt(s) the fol					
1. The name of the corporation is:		<u> </u>			
Erica Olobri, CPA, P.C.					
Is this a close corporation pursuar	nt to RIGL <u>7-1,2-1701</u> of	the General Laws, 1956, as an	nended? Yes No		
2. The profession to be practiced thro	ough the professional ser	vice corporation is:			
Public Accountancy					
3. The total number of shares which t (Unless otherwise stated, all autho Total Authorized Shares (Number of Shares)		d to have a nominal or par valu	e of \$0.01 per share.) Value Per Share		
1000	Common	\$0.01 p	\$0.01 per share		
If you desire, you may include a statem voting rights, and the qualifications, lim any provisions here (optional):		hem which are permitted by the			
4. The name and address of the initia	il registered agent/office	in Rhode Island is:	· · · · · · · · · · · · · · · · · · ·		
Agent Name Corporation Service	e Company				
Street Address (<u>NOT</u> a P.O. Box) 22	2 Jefferson Bouleva	rd, Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip Code 02888		
5. The corporation shall have perpetu	ual existence until dissolv	ed or terminated in accordance	e 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 MAY 1 2 2023

91ED

FORM 112 - Revised: 12/2021

 Additional provisions, if any, not inconsistent with RIGL 7-1 Articles of Incorporation: 	<u>.2</u> which the incorpo	orators elect to have set forth in these	
,	C	Check the box to indicate an attachment	
7. The name and address of each incorporator is:			
Name Erica Olobri	Address 6 Friar Tuck Road		
City/Town Warwick	State RI	Zip Code 02886	
Name	Address		
City/Town	State	Zip Code	
Name	Address		
City/Town	State	Zip 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	s from the date of fil	ing)	
Under penalty of perjury, I/we declare and affirm that I/we have accompanying attachments, and that all statements contained			
Signature of Incorporator		Date	
Erica Olohi		May 9, 2023	
Signature of Incorporator		Date	
Signature of Incorporator		Date	

ACORDO

CERTIFICATE OF LIABILITY INSURANCE

. . . .

DATE (MM/DD/YYYY) 05/10/2023

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.

this certificate does not confer rights to the certificate	C	ONTACT											
Affinity Insurance Services		NAME Kenneth Kumor											
1100 Virginia Drive, Suite 250	l E-	[A/C, No, Ext]; 213-293-1234 [A/C, No]:											
Fort Washington, PA 19034	^¹	ADDRESS: Kerrikumor@aori.com											
		INSURER(s) AFFORDING COVERAGE NAIC #											
INSURED													
Marcum LLP 10 Melville Park Road Melville, NY 11747		INSURER B: INSURER C: INSURER D:											
								 - "	INSURER E:				
							COVERAGES CERTIFICATE NUM		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TEI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE IN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS. ADDI: SUBRI	RM OR CONDITION OF SURANCE AFFORDED	ANY CONTRACT BY THE POLICIE EN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO A	TO WHICH THIS								
LTR TYPE OF INSURANCE INSD WVD	POLICY NUMBER	(MINIODAYYYY)	POLICY EXP	L. LIMITS									
COMMERCIAL GENERAL LIABILITY		i		EACH OCCURRENCE \$ DAVAGE TO RENTED									
, CLAIMS-MADE OCCUR			I	PREMISES (Ea occurrence)									
→ · · · · · · · · · · · · · · · · · · ·				MED EXP (Any one person) \$									
· ·				PERSONAL & ADVINJURY \$									
GEN'L AGGREGATE UMIT APPLIES PER				GENERAL AGGREGATE \$	·								
POLICY PRO LOC				PRODUCTS COMP/OP AGG \$									
OTKER				COMBINED SINGLE LIMIT									
AUTOMOBILE LIABILITY ANY AUTO				(Ea socident)									
CWAED SCHEDULED				BODILY INJURY (Per person) \$									
AUTOS				BODILY INJURY (Per accident) \$ PROPERTY DAMAGE									
AUTOS ONLY AUTOS ONLY				(Per accident)									
UMBRELLA LIAB OCCUR			:	EACH OCCURRENCE \$									
EXCESS LIAB C_A'MS MADE				AGGREGATE \$									
DED RETENTION\$				5	_								
WORKERS COMPENSATION :		İ	•	PER OYH STATUTE ER									
AND EMPLOYERS' LIABILITY ANYPROPR ETOR/PARTNER/EXECUTIVE I I I I I I I I I I I I I I I I I I				E L EACH ACCIDENT \$									
CFFICERMEMBER EXCLUDED? [Mandatory In NH]				E L DISEASE - FA EMPLOYEE \$									
If yes, describe under DESCR PTION OF OPERATIONS below				EL DISEASE POLICYLIMIT \$									
	02200473	10/01/2022	10/01/2023	Per Claim/Annual Aggregate Limits shown are as requested retention, \$500,000 per claim									
<u> </u>													
DESCRIPTION OF OPERATIONS / LOCATIONS / YEHICLES (ACORD 101, Add Additional Insured, Erica Olobri, CPA, PC	ditional Remarks Schedule, r	may be attached if mo	e space la requi	red)									
CERTIFICATE HOLDER	c	ANCELLATION											
Erica Olobri 6 Friar Tuck Road Warwick, RI 02886		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
						Training, IN 02000	<u> </u>	LANTHORIZED REPRESENTATIVE					

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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:

May 12, 2023 12:04 PM

Gregg M. Amore Secretary of State

Treg M. Coure

