



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 Dayian P.C.

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:

RENDERING PROFESSIONAL SERVICES AS ATTORNEYS AND COUNSELLORS AT LAW AND FOR ALL LAWFUL ACTIVITIES RELATED THERETO, PURSUANT TO ALL PROVISIONS OF CHAPTER 5.1 OF TITLE 7 OF THE GENERAL LAWS OF RHODE ISLAND, AS AMENDED: "PROFESSIONAL SERVICE CORPORATION LAW" SO CALLED.

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 <i>Number of Shares</i>
CNP	\$0.0000	100.00

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):

ARTICLE IV

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

No. and Street: 225 DYER STREET
FLOOR 2

City or Town: PROVIDENCE State: RI Zip: 02903

The name of its initial registered agent at such address is DARYL E. DAYIAN, ESQ.

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:

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	DARYL E. DAYIAN ESQ.	225 DYER STREET, FLOOR 2 PROVIDENCE, RI 02903 US

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 10 Day of October, 2023 at 9:08:09 AM 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.*

 DARYL E. DAYIAN ESQ.

Form No. 112
Revised 09/07



**LAWYERS PROFESSIONAL LIABILITY POLICY
DECLARATIONS**

Agency:
740558

Branch:
912

Policy Number:
768741788

Insurance is provided by Continental Casualty Company,
151 North Franklin Street Chicago IL 60606
A Stock Insurance Company.

1. NAMED INSURED AND ADDRESS:

Dayian P.C.
225 Dyer St-2nd Floor
Providence, RI 02903

NOTICE TO POLICYHOLDERS:

This is a Claims Made and Reported policy. It applies only to those claims that are both first made against the insured and reported in writing to the Company during the policy period. Please review the policy carefully and discuss this coverage with your insurance agent or broker.

2. POLICY PERIOD:

Inception: 10/02/2023

Expiration: 10/02/2024

at 12:01 A.M. Standard Time at the address shown above

3. LIMITS OF LIABILITY:

Inclusive of Claims Expenses

Each Claim: \$2,000,000

Aggregate: \$4,000,000

Death or Disability and Non-Practicing
Extended Reporting Period Limit of Liability:

Each Claim: \$1,000,000

Aggregate: \$2,000,000

4. DEDUCTIBLES:

Inclusive of Claims Expenses

Aggregate: \$10,000

5. POLICY PREMIUM:

Annual Premium:

\$2,411.00

Total Amount:

\$2,411.00

Includes CNA Risk Control Credit of

\$ 0.00

Includes New Admittee Credit of

\$ 0.00

Includes Lawyers Data Breach and Network Security Premium, see coverage endorsement if applicable

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

G-118011-A (Ed. 06/2015), G-118012-AC (Ed. 03/1999), CNA-102417-XX (Ed. 08/2021), CNA-82437-XX (Ed. 06/2015), G-118016-ACC (Ed. 12/2011), G-118024-A (Ed. 04/2008), G-118029-A (Ed. 04/2008), G-118039-A38 (Ed. 05/2008), G-118061-A38 (Ed. 09/1996)

7. WHO TO CONTACT:

To report a claim:

CNA – Claims Reporting

P.O. Box 8317

Chicago, IL 60680-8317

Fax: 866-773-7504 / Online: www.cna.com/claims

Email: SpecialtyProNewLoss@cna.com

Lawyers Claim Reporting Questions: 800-540-0762

Authorized Representative

10/06/2023

Date



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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 10, 2023 09:05 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

