Filing Fee: \$100.00 For Each Partner Not to Exceed \$2,500.00

ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY PARTNERSHIP

APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

(Check one box only) Renewal 1. The name of the Registered Limited Liability Partnership is: (The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.) 2. The address of its principal office is: 3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain: 4. The names and addresses of all resident partners: XINIC-TON (If more space is required, please list on separate attachment)

Form No. 500

Revised: 12/05

5.	List the place where the business records of records is maintained, list the principal place	the partnership are maintained; or, if more than one location for business of business of the partnership:
	169 Jefferson	Street Warrock, RI 02888
6.	A brief statement of the business in which the	e partnership is engaged: (Design and Monagement
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorize execute an application.		
		Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.
D	ate: December 8,2008	Print Exact Name of Partnership Making Application
		By: Some Corry By:
		By:
		Ву:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

