

Filing Fee: \$100.00

ID Number: _____



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 PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

ALBANESE FAMILY LIMITED PARTNERSHIP

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

11 KRISTEN DRIVE, N. PROVIDENCE, RI 02911

3. The name and address of the specified agent for service of process is **ANTHONY J. CALIRI**

ONE WORTHINGTON ROAD

(Street Address, not P.O. Box)

CRANSTON

(City/Town)

, RI 02920

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

ANTHONY ALBANESE

11 KRISTEN DRIVE, N. PROVIDENCE, RI 02911

MONA ALBANESE

11 KRISTEN DRIVE, N. PROVIDENCE, RI 02911

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5. The mailing address for the limited partnership is **11 KRISTEN DRIVE**

(Street Address)

N. PROVIDENCE

(City/Town)

RHODE ISLAND

(State)

02911

(Zip Code)

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By [Signature]

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6. Any other matters the partners determine to include herein:

NONE NOTED INDEPENDENT OF THE PARTNERSHIP AGREEMENT.

(If additional space is required, please list on separate attachment.)

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: JULY ³⁰ 10, 2009

By X *Butterfly Alvarado*

By X *Monica Alvarado*

By _____

By _____

By _____

Signature(s) of all general partners named herein