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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

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SECRETARY OF STATE
CORPORATIONS DIV.

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:
   Lisa & Kevin Krupa 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:
   43 Robin Hood Road, Cranston, RI 02921-1911

3. The name and address of the specified agent for service of process is Lisa A. Krupa
   (Name of Agent)
   43 Robin Hood Road (Street Address, **not** P.O. Box) Cranston (City/Town), RI 02921-1911 (Zip Code)

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

General Partner	Business Address
Lisa A. Krupa	43 Robin Hood Road, Cranston, RI 02921
Kevin Krupa	43 Robin Hood Road, Cranston, RI 02921

5. The mailing address for the limited partnership is 43 Robin Hood Road
   (Street Address)
   Cranston (City/Town) RI (State) 02921 (Zip Code)

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By 102328
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Form No. 300
Revised: 12/05

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

(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: 10/26/09

By _____

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein