

Filing Fee: \$100.00

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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

2010 SEP - 7 AM 11:16  
FILED  
SECRETARY OF STATE  
CORPORATIONS DIV.

**LIMITED PARTNERSHIP**

**CERTIFICATE OF LIMITED PARTNERSHIP**  
(To Be Filed In Duplicate Original)

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, 1956, as amended, do execute the following Certificate of Limited Partnership:

- 1. The name of the limited partnership shall be:  
SERAPHIM ASSOCIATES, L.P.

*(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:  
140 Cove Point Road West, Charlestown, RI 02813

- 3. The name and address of the specified agent for service of process is Andrew Petock  
(Name of Agent)

140 Cove Point Road West Charlestown , RI 02813  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

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

<u>General Partner</u>	<u>Business Address</u>
Andrew Petock	140 Cove Point Road West, Charlestown, RI 02813
Bernadette E. Petock	same address

- 5. The mailing address for the limited partnership is 140 Cove Point Road West  
(Street Address)

Charlestown RI 02813  
(City/Town) (State) (Zip Code)

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6. Any other matters the partners determine to include herein:  
Not at this time.

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

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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: August 24, 2010

By *Andrew Peterch*

By *Juan de los Rios*

By

By

By

Signature(s) of all general partners named herein

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