

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

2010 DEC 23 AM 9:52

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:

DMB 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:

55 Pine Street, Suite 400, Providence, R.I. 02903

3. The name and address of the specified agent for service of process is **Cheryl L. Shaw, Esquire**

55 Pine Street, Suite 400

Providence

, RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

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

General Partner

Joel Schiavone

Business Address

55 Pine St Suite 400 Providence
RI 02903

5. The mailing address for the limited partnership is **55 Pine Street Suite 400**

(Street Address)

Providence

RI

02903

(City/Town)

(State)

(Zip Code)

FILED

DEC 23 2010

By 9:52

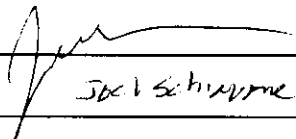
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6. Any other matters the partners determine to include herein:

(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: January 1, 2011

By 

By Jack Schwab

By _____

By _____

By _____

Signature(s) of all general partners named herein



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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

Secretary of State

