



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Partnership  
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited partnership shall be: Impressive Portraits & Prints, LP

**ARTICLE II**

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

No. and Street: 279 NEWLAND AVENUE  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**ARTICLE III**

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 279 NEWLAND AVENUE  
City or Town: WOONSOCKET State: RI Zip: 02895

The name of its initial registered agent at such address is LYNN BOULEY

**ARTICLE IV**

The name and business address of each general partner is:

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PARTNER	LYNN M BOULEY	279 NEWLAND AVENUE WOONSOCKET, RI 02895 USA
PARTNER	CHRISTINE L TESSIER	844 HARRIS AVENUE WOONSOCKET, RI 02895 USA

**ARTICLE V**

The mailing address for the limited partnership is:

No. and Street: 279 NEWLAND AVENUE  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**ARTICLE VI**

Any other matters the partners determine to include herein:

**Signed this 5 Day of June, 2014 at 1:53:50 PM by the general partner(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

LYNN M BOULEY

CHRISTINE L TESSIER

Signature(s) of all general partners named herein

Form No. 300  
Revised 09/07

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# 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

