

Filing Fee: \$100.00

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP

Be it Enoun to All by these Presents, That we, the undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Chapter 7-13-8 of the General Laws of Rhode Island, do execute the following Certificate of Limited Partnership:
FIRST: The name of the partnership shall be
The Herlihy Family Limited Partnership
SECOND: The address of the specified office of the partnership is 92 Keene Street, Providence, RI 02906 (NO. STREET, CITY OR TOWN IN RHODE ISLAND) and the name of the specified agent for service of process at such address is
Patricia A. Herlihy
THIRD: The name and business address of each general partner:
General Partners Residence (NO. STREET, CITY OR TOWN, STATE)
Patricia A. Herlihy 92 Keene Street, Providence, RI 02906
FOURTH: The mailing address for the limited partnership
FIFTH: The latest date upon which the limited partnership is to dissolve

By 20#55

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SIXTH; Any other matters the partners determine to include therein

(Use Schedule A if space below is not sufficient.)

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In Testimor	ny Whereof, We had do	ave hereunto December	set our hand	s and state	d our reside	nces this
× Patr	Sign	ature(s) of al	l general Part	ners name	d therein	
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County of	Providence					
1996, be who being b	efore me personally by me first duly sv lihy Family Li	yappeared vorn, declare mited Part	Patricia A. d that ***e/she nership , that he/ orporation, a	Herlihy is theGe she signed and that the	neral Part the foregoi he statemen Notary Publ	yof December ner of ng document as such nts therein are true. CHUDACOFF UD 12 IN Expires: 6/28/97
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