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 SECRETARY OF STATE  
 REGISTRATIONS DIV  
 2016 SEP - 6 AM 10:10

**Certificate of Limited Partnership**  
 DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:		
Butchie Oil LP		
2. The address of the specified office in this state where the records of the limited partnership shall be kept is:		
Street Address (NOT a P.O. Box) 33 Everett Street		
City/Town Pawtucket	State RHODE ISLAND	Zip Code 02861
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Renee George		
Street Address (NOT a P.O. Box) 33 Everett Street		
City/Town Pawtucket	State RHODE ISLAND	Zip Code 02861
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Renee George	33 Everett Street Pawtucket RI 02861	
Troy D. Sankey Sr.	33 Everett Street Pawtucket RI 02861	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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By 282795

5. The mailing address for the limited partnership is:		
Address 33 Everett Street		
City/Town Pawtucket	State RI	Zip Code 02861
6. Any other matters the partners determine to include herein:		
Check the box to indicate an attachment. <input type="checkbox"/>		
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.		
Type or Print Name of General Partner Renee George	Date 9/6/16	
Signature of General Partner <i>Renee George</i>		
Type or Print Name of General Partner Troy D. Sankey Sr	Date 9/6/16	
Signature of General Partner <i>Troy D. Sankey Sr.</i>		
Type or Print Name of General Partner	Date	
Signature of General Partner		



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

