



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: BABOO ASSOCIATES, 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: 95 BEACH STREET  
City or Town: WESTERLY State: RI Zip: 02891 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: 95 BEACH STREET  
City or Town: WESTERLY State: RI Zip: 02891

The name of its initial registered agent at such address is 95 BEACH STREET

ARTICLE IV

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	DANIEL LAWRENCE BECKER	312 WICKENDEN ST PROVIDENCE, RI 02903 USA
PARTNER	JESSICA LYNN BECKER	95 BEACH STREET WESTERLY, RI 02891 USA

ARTICLE V

The mailing address for the limited partnership is:

No. and Street: 95 BEACH STREET  
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

**Signed this 3 Day of October, 2016 at 2:03:42 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

DANIEL LAWRENCE BECKER  
JESSICA LYNN BECKER

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  
**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*

