



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 NOV - 9 PM 12:55

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: | | |
| The Regnier Family Limited Partnership | | |
| 2. The address of the specified office in this state where the records of the limited partnership shall be kept is: | | |
| Street Address (<u>NOT</u> a P.O. Box) 100 Midway Road, Suite 19 | | |
| City/Town Cranston | State RHODE ISLAND | Zip Code 02920 |
| 3. The name and address of the initial registered agent/office in Rhode Island is: | | |
| Agent Name Karen G. DelPonte, Esq. | | |
| Street Address (<u>NOT</u> a P.O. Box) Cameron & Mittleman LLP, 301 Promenade Street | | |
| City/Town Providence | State RHODE ISLAND | Zip Code 02908 |
| 4. The name and business address of each general partner is: | | |
| GENERAL PARTNER | BUSINESS ADDRESS | |
| Louis A. Regnier and Frank T. Sciuto, as trustees of The Louis A. Regnier Living Trust Agreement dated September 23, 1993 | 100 Midway Road, Suite 19 Cranston, RI 02920 | |
| | | |
| | | |
| | | |

MAIL TO:

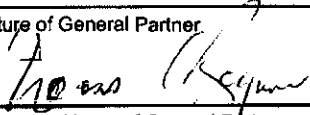
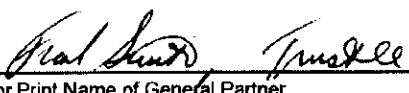
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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By 288140
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| | | |
|---|-----------------|-----------------------|
| 5. The mailing address for the limited partnership is: | | |
| Address 100 Midway Road, Suite 19 | | |
| City/Town Cranston | State RI | Zip Code 02920 |
| 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 | | Date |
| Louis A. Regnier, as trustee of The Louis A. Regnier Living Trust Agreement dated September 23, 1993 | | 10/31/16 |
| Signature of General Partner  | | SIGN DOCUMENT HERE |
| Type or Print Name of General Partner | | Date |
| Frank T. Sciuto, as trustee of The Louis A. Regnier Living Trust Agreement dated September 23, 1993 | | 11/8/16 |
| Signature of General Partner  | | SIGN DOCUMENT HERE |
| Type or Print Name of General Partner | | Date |
| | | |
| Signature of General Partner | | SIGN DOCUMENT HERE |



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:

Nellie M. Gorbea
Secretary of State

