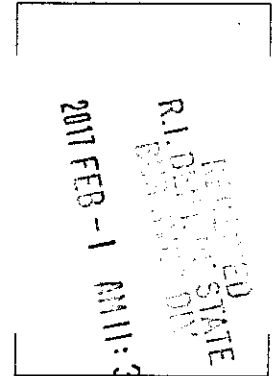




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Certificate of Limited Partnership
DOMESTIC Limited Partnership

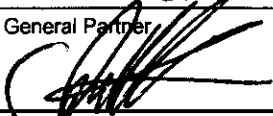


→ Filing Fee: \$100.00

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: <i>THE PAINTER'S DAUGHTERS LP</i>		
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) <i>921 POST ROAD</i>		
City/Town <i>WAKEFIELD</i>	State RHODE ISLAND	Zip Code <i>02879</i>
3. The name and address of the initial registered agent/office in Rhode Island is: Agent Name <i>JOHN C MORRELL</i>		
Street Address (NOT a P.O. Box) <i>921 POST RD</i>		
City/Town <i>WAKEFIELD</i>	State RHODE ISLAND	Zip Code <i>02879</i>
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
<i>CHRIS MILLER</i>	<i>10 PHILIPS ST APT. 1 NK, RE 02852</i>	
<i>LEMILY E MORRELL</i>	<i>79 ROCKY BROOK WAY SK RE 02879</i>	
<i>JOHN C MORRELL</i>	<i>921 POST RD WAKEFIELD RE 02879</i>	

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

FILED ✓
FEB 01 2017
BY *CU 294736*

5. The mailing address for the limited partnership is:		
Address 921 POST RD		
City/Town WAKEFIELD	State RI	Zip Code 02879
6. Any other matters the partners determine to include herein: PARTNER WITH CHRIS MILLER EMILY MORRELL JOHN MORRELL		
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 CHRIS MILLER	Date	
Signature of General Partner  SIGN DOCUMENT HERE		
Type or Print Name of General Partner EMILY MORRELL	Date	
Signature of General Partner  SIGN DOCUMENT HERE		
Type or Print Name of General Partner JOHN MORRELL	Date 2/1/2017	
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

