

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 <u>7-13-8</u>, do execute the following Certificate of Limited Partnership:

R.I. DEPTLOF STATE
BUS SYCH DIV

| 1. The name of the limited partnership is: | <u></u> | - | | |
|---|-------------|--------------------|-------------------------|--|
| Golden Fi | nish | Constru | ction 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) | St. | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip Code 02905 | |
| 3. The name and address of the initial registered agent/office in Rhode Island is: | | | | |
| Agent Name Avalon Des Vignes | | | | |
| Street Address (NOT a P.O. Box) | | | | |
| City/Town Providence | | State RHODE ISLAND | Zip Code 72905 | |
| 4. The name and business address of each general partner is: | | | | |
| GENERAL PARTNER | BUSINESS AD | DRESS | | |
| Ronald Witter | 106- | Houston | St. Providence, PI 6290 | |
| AVALON DESVIGNES | 106 | Houston | St. Provided | |
| | | | | |
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2015

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED AUG 2 1 2017
BY 12 3 3 4 5 7 8

| 5. The mailing address for the limited partnership is: | | | |
|--|-------------------------|--|--|
| Address 106 Houston St | | | |
| | ip Code | | |
| Providence +1 | 02905 | | |
| 6. Any other matters the partners determine to include herein: | | | |
| | | | |
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| | | | |
| | | | |
| Check the box to | indicate an attachment. | | |
| 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 a | | | |
| Type or Print Name of General Partner | Date | | |
| AVALON DESVIONES | 8/21/17 | | |
| Signature of General Partner SIGNODOCUMENT HERE | | | |
| Type or Print Name of General Partner | Date | | |
| FONALD WIFTER | 821/7 | | |
| Signature of General Partner SIGN DOCUMENT HERE | | | |
| Cowall title | | | |
| Type or Print Name of General Partner | Date | | |
| | | | |
| Signature of General Partner | | | |
| SIGN DOCUMENT HERE | | | |
| | | | |