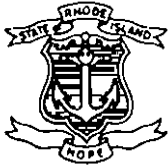


Filing Fee: \$100.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAR -9 AM 11:17

**LIMITED PARTNERSHIP**

**CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

**BESSETTE FAMILY TRUST L.P.**

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

**12 HOMER COURT, CUMBERLAND, RHODE ISLAND 02864**

3. The name and address of the specified agent for service of process is \_\_\_\_\_

*Kyle Besette*

**12 HOMER COURT**

**CUMBERLAND**

**RI 02864**

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

**RYAN BESSETTE**

**65 WEYBOSSET ST., THE ARCADE, #108, PROVIDENCE, RI 02903**

**KYLE BESSETTE**

**166 VALLEY ST., #6M410, PROVIDENCE, RI 02909**

**SHANNON BESSETTE**

**12 HOMER CT., CUMBERLAND, RI 02864**

5. The mailing address for the limited partnership is **12 HOMER COURT**

(Street Address)

**CUMBERLAND**

**RHODE ISLAND**

**02864**

(City/Town)

(State)

(Zip Code)

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAR 19 AM 11:18

**FILED**

**MAR 19 2018**

*KL 326844  
11:18*

6. Any other matters the partners determine to include herein:

---

---

---

---

---

---

---

---

---

---

(If additional space is required, please list on separate 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 and correct.

Date: 3/5/18

By Ryan Bessette  
By Kyle Bessette  
By Shannon J Bessette  
By \_\_\_\_\_  
By \_\_\_\_\_

Signature(s) of all general partners named herein



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:

March 19, 2018 11:18 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

