

Filing Fee: \$100.00

ID Number: 102110



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**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, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

D.L.A.L., L.P. *DL*

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

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

400 Reservoir Ave, Suite 2K, Providence, RI 02907

3. The name and address of the specified agent for service of process is Gregory Marderosian  
(Name of Agent)

400 Reservoir Ave., Suite 2K  
(Street Address, not P.O. Box)

Providence  
(City/Town)

RI 02907  
(Zip Code)

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

General Partner

D.L.A.L., LLC

Business Address

400 Reservoir Ave., Suite 2K

Providence, RI 02907

5. The mailing address for the limited partnership is 400 Reservoir Ave., Suite 2K

(Street Address)

Providence

(City/Town)

RI

(State)

02907

(Zip Code)

6. Any other matters the partners determine to include therein *(If additional space is required, please list on separate attachment.)*

n/a

*SECRET*

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership and that all statements contained herein are true and correct.

*Lynne Austin*

D.E.A.L., LLC

Lynne Austin, Manager

(Signature(s) of all general partners named herein)

Dated August 5, 19 98

**FILED**

AUG 13 1998

By JMD 209451