

Filing Fee: \$100.00

ID Number: 155813



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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:

MATUNUCK MKR FAMILY LIMITED PARTNERSHIP

(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:

c/o Jonathan Kalander, 931 Jefferson Boulevard, Suite 2004, Warwick, RI 02886

3. The name and address of the specified agent for service of process is **Jonathan V. Kalander**

931 Jefferson Boulevard, Suite 2004

Warwick

, RI 02886

(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

John Wilkinson, as Trustee of

c/o Jonathan Kalander

the MKR Trust Agreement dated

931 Jefferson Boulevard

April 20, 2006

Warwick, RI 02886

5. The mailing address for the limited partnership is **c/o Jonathan Kalander, 931 Jefferson Boulevard**

(Street Address)

Warwick

RI

02886

(City/Town)

(State)

(Zip Code)

FILED
MAY 04 2006
By *[Signature]*

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

None

(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: _____

By

By

By

By

By

Signature(s) of all general partners named herein