

Filing Fee: \$100.00

ID Number:

117814



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP
(To Be Filed In Duplicate Original)

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:

Paula Lischio Schick Investment, 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:

c/o Paul and Marguerite Lischio, P.O. Box 335, Saundertown, RI 02874

3. The name and address of the specified agent for service of process is A. Max Kohlenberg, Esq.

c/o Edwards & Angell, LLP
2800 Financial Plaza

(Name of Agent)

Providence

RI

02903

(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

Paul Lischio

P.O. Box 335, Saundertown, RI 02874

Marguerite Lischio

P.O. Box 335, Saundertown, RI 02874

5. The mailing address for the limited partnership is P.O. Box 335

(Street Address)

Saundertown

(City/Town)

RI

(State)

02874

(Zip Code)

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By 261565

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: April 9, 2001

By Paul Lischio
Paul Lischio

By _____

By Marguerite Lischio
Marguerite Lischio

By _____

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