Filing Fee: \$100.00

ID Number: 5 M 35



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

65 87P ~ 6 PH I2: 5 I

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:

The name of the limited partnership shall b	e:	
ADR Window Cleaning & Janitorial Sen		
(The name must contain the	words "limited partnership" or the letters and pur	nctuation "L.P.")
The address of the specified office in this s	state where the records of the Ilmited pa	artnership shall be kept is:
8 Autumn Avenue, Smithfield, RI 02917		
The name and address of the specified ag	ent for service of process is Robin M	. Tavares
8 Autumn Avenue	Smithfield	, RI 02917
(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
The name and business address of each g	general partner is:	
General Partner	Business Address	
Don Tavares	8 Autumn Avenue. Smithfield. Ri 02917	
Robin M. Tavares	8 Autumn Avenue, Smithfield, RI 02917	
The mailing address for the limited partner	ship is 8 Autumn Avenue (Street A	ddraes)
	ISUCELA	uui 000)
Smithfield	RI	02917

Form No. 300 Revised: 07/05 SEP 06 ZUUS
BY_CANGULO

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(If addition	al space is required, please list on separate attachment.)
Date: <u>9/6/05</u>	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including an accompanying attachments, and that all statements contained herein are true and correct. By Lobert Toyans
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