Filing Fee $100.00

I.D. Number: 140025

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:

THE TROY-LOVETT FAMILY LIMITED PARTNERSHIP
(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:

64 Boylston Ave., Providence, RI 02906

3. The name and address of the specified agent for service of process is Paster & Harpootian, Ltd.
(Name of Agent)

121 So. Main St. (Street Address, ***not*** P.O. Box) Providence (City/Town), R.I. 02903 (Zip Code)

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

General Partner	Business Address
Nancy Troy Lovett	64 Boylston Ave.
	Providence, RI 02906

5. The mailing address for the limited partnership is 64 Boylston Ave.
(Street Address)

Providence, RI 02906
(City/Town) (State) (Zip Code)

FILED
MAY 07 2004
By C30556

Form No. 300
Revised: 01/99

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.

Dated May 6, 2004

Nancy Troy Lovett, General Partner

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