

Filing Fee: \$100.00

ID Number: 139234



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
APR 16 2 12 PM '04

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:

LISS FAMILY LIMITED PARTNERSHIP *JK*

(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:

27 PEABODY ROAD, CHARLESTOWN, RI 02813

3. The name and address of the specified agent for service of process is MATTHEW H. THOMSEN

(Name of Agent)

43 BROAD STREET

WESTERLY

RI 02891-0531

(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

MARSHA BOLAS

202 HARDING AVENUE, NEWINGTON, CT 06111

5. The mailing address for the limited partnership is 27 PEABODY ROAD

(Street Address)

CHARLESTOWN

RHODE ISLAND

02813

(City/Town)

(State)

(Zip Code)

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BY Kue
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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:

4/13/04

By



By

By

By

By

Signature(s) of all general partners named herein