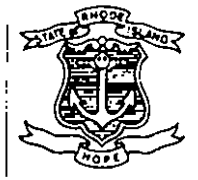


Filing Fee: \$100.00

ID Number:

127741



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 Grossman 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 Charland & Marciano, CPAs, 18 Imperial Place, Providence, RI 02903

3. The name and address of the specified agent for service of process is Karen G. DelPonte, Esq.

(Name of Agent)

56 Exchange Terrace

(Street Address, not P.O. Box)

Providence

(City/Town)

RI

02903

(Zip Code)

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

General Partner

Business Address

Ruth L. Grossman

c/o Charland & Marciano, CPAs, 18 Imperial Place

Providence, RI 02903

FILED

OCT 29 2002

By AMF
293182

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: 10/25/08

By *Ruth Greenman*

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein