

Filing Fee: \$100.00

ID Number: 116044



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.
DEC 23 11 23 AM '00

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:

Rothman 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:

395 Neck Road, Tiverton, Rhode Island 02878

3. The name and address of the specified agent for service of process is James P. Redding

(Name of Agent)

1500 Fleet Center

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

Michael Rothman

37 Grayson Lane, Newton Lower Falls, MA 02162

5. The mailing address for the limited partnership is 37 Grayson Lane

(Street Address)

Newton Lower Falls

(City/Town)

MA

(State)

02162

(Zip Code)

DEC 29 2000
BY 42590359116

6. Any other matters the partners determine to include herein:

None

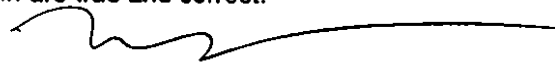
(If additional space is required, please list on separate attachment.)

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:

29 Dec 00

By



Michael Rothman

By

By

By

By

Signature(s) of all general partners named herein