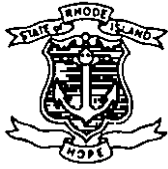


Filing Fee: \$100.00

ID Number:

162656



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2007 MAR 22 PM 2:47

SECRETARY OF STATE

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

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:

1. The name of the limited partnership shall be:

Opal 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:

86 Forsythia Lane, Cranston, RI 02920

3. The name and address of the specified agent for service of process is Gene M. Carlino, Esq.

410 South Main Street

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

Opal Irrevocable Trust, u/a/d

3/21/2007, Danielle Hathaway,

Trustee

86 Forsythia Lane, Cranston, RI 02920

5. The mailing address for the limited partnership is 86 Forsythia Lane

(Street Address)

Cranston

RI

02920

(City/Town)

(State)

(Zip Code)

FILED

MAR 22 2007

By

[Signature]

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: 3-21-07

By Danielle Hathaway

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein