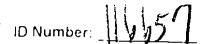
Filing Fee: \$100.00





## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## 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, 1956, as amended, do execute the following Certificate of Limited Partnership:

T	The name and address of the specified agent for service of process isAngelo R. Marocco, Esq. (Name of Agent)			
	1200 Reservoir Avenue	Crat	iston p	02920
	(Street Address, not P.O. Box)	<del></del>	(City/Town)	(Zip Code
T	The name and business address of each general partner is:			
	General Partner	Business Address		
	Integrated Properties V, Inc.	1414 Atwood	Avenue, Johnston, RI	02919
-			····	
'	e mailing address for the limited partnership is _	1414 Atwood Ave	(Street Address)	<del></del>
	Johnston	RI	02919	
	(City/Town)	(State)	(Zip Cod	e)

Under penalty of perjury, I/we declare and affirm that I/we have examined this. Certificate of Limited Partnership and that alstatements contained herein are true and correct.

Integrated Properties V. Too.

Pyun Alfred Carpronato, President

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

FRED

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