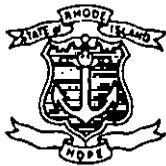


Filing Fee: \$100.00

ID Number: 136879



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:

DEFELICE FAMILY PARTNERS, L.P.

(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:

3970 POST ROAD, WARWICK, RI 02886

3. The name and address of the specified agent for service of process is ROGER COUTU JR., ESQ.

(Name of Agent)

222 JEFFERSON BLVD

WARWICK

RI 02886

(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

ROGER DEFELICE, SR.

3970 POST ROAD, WARWICK, RI 02886

5. The mailing address for the limited partnership is 3970 POST ROAD

(Street Address)

WARWICK

RI

02886

(City/Town)

(State)

(Zip Code)

FILED

DEC 31 2003

By MIS389

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: DECEMBER 30, 2003

By *Royce P. McHenry* G.P.

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein