

Filing Fee: \$100.00

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND

02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP

174365

Be it Enoun to All by these Presents, That we, the undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Chapter 7-13-8 of the General Laws of Rhode Island, do execute the following Certificate of Limited Partnership:

FRST The name of the partnership shall be The Capalbo Family Limited

Partnership				
SECOND The address of the specified o	office of the partnership is 1420 Hospital			
Trust Tower, Providence, RI 02903 no street city on to and the name of the specified agent for service of prandrew H. Davis, Jr., Esq.	rocess at such address is			
THERD The name and business address of	each general partner			
	Residence			
P. Edward Capalbo	176 East Avenue, Westerly, RI 02891			
	176 East Avenue, Westerly, RI 02891			
FOURTH The mailing address for the limit	ed partnership 176 East Avenue,			
Westerly, RI 02891				
	on the military			
FIFTH The latest date upon which the lim	nited partnership is to dissolve			
December 31, 2026				

SIXTH: Any other matters the partners determine to include therein (Use Schedule A if space below is not sufficient.)

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