Filing Fee: \$100.00 ID Number: 3719



## 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:

The name of the limited partnership shall be:		
Carvalho Investment Associates, LP		
(The name must contain the wo	ords "limited partnership" or the letters and pu	unctuation "L.P.")
The address of the specified office in this stat	te where the records of the limited pa	artnership shall be kept is:
321 South Main Street, Suite 301, Provide	nce, RI 02903	
The same and address of the same find asset	Arthur J	Leonard Fsn
The name and address of the specified agen	t for service of process is Author C.	(Name of Agent)
321 South Main Street, Suite 301	Providence	RI 02903
(Street Address, not P O. Box)	(City/Town)	(Zip Code)
The name and business address of each ger  General Partner	·	ss Address
Barbara Carvalho 1	12 Parsons Avenue, East Providence, RI 02914	
		· · · · · · · · · · · · · · · · · · ·
The mailing address for the limited partnersh	ip is 12 Parsons Avenue	
-	(Street A	ddress)
East Providence	Rhode Island	02914
(City/Town)	(State)	(Zip Code

FILED JAN 12 2004

By (16 46 80

Form No. 300 Revised: 01/99

Partnership Agreement.	
Tarana Agracina in	
(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.  By ANNUAL. WALLER
ate: //3/64	ву
ite: //3/64	ву

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