

Filing Fee: \$100.00

ID Number: 165082



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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:

THE DOROTHY BALDWIN FAMILY 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:

56 Garvin Street, Cumberland, RI 02864

3. The name and address of the specified agent for service of process is Andrew H. Davis, Jr., Esq.
Davis, Kilmarx, Swan & Bowling, LLP

101 Dyer Street, 2nd Floor 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

Dorothy Baldwin

56 Garvin Street, Cumberland, RI 02864

Dennis Baldwin

84 Campbell Avenue, North Providence, RI 02904

5. The mailing address for the limited partnership is 56 Garvin Street

(Street Address)

Cumberland

RI

02864

(City/Town)

(State)

(Zip Code)

FILED

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By cm
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6. Any other matters the partners determine to include herein:

As set forth in the Agreement of Limited Partnership.

(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: 7/5/07

✓ By Dorothy R Baldwin
Dorothy Baldwin

By Dennis Baldwin
Dennis Baldwin

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