

Filing Fee: \$100.00

ID Number: 151370



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:

QUICHÉ & ~~HAN LP~~ C. HAN LP

(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:

420 CRANSTON STREET PROVIDENCE, RI 02907

3. The name and address of the specified agent for service of process is MICHAEL CHAN

420 CRANSTON STREET

(Street Address, not P.O. Box)

PROVIDENCE

(City/Town)

RI 02907

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

MICHAEL CHAN

420 CRANSTON STREET RI 02907

5. The mailing address for the limited partnership is 420 CRANSTON STREET

(Street Address)

PROVIDENCE

(City/Town)

RI

(State)

02907

(Zip Code)

FILED

JUL 17 2006

By

[Signature]

11-071706

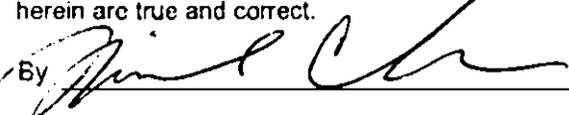
6. Any other matters the partners determine to include herein:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: 7/17/06.

By 

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Signature(s) of all general partners named herein