State of Rhode Island
Department of State - Business Services Division

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2021 APR -7 AM 11:58

Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: $100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:

K&M ASSOCIATES, LP

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

Street Address (NOT a P.O. Box)		
425 DEXTER STREET		
City/Town: PROVIDENCE	State: **RHODE ISLAND**	Zip Code: 02907

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name		
Corporation Services Company		
Street Address (NOT a P.O. Box): 222 Jefferson Boulevard		
City/Town: Warwick	State: **RHODE ISLAND**	Zip Code: 02888

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

GENERAL PARTNER	BUSINESS ADDRESS
AIMPAR, Inc	C/O American Biltrite, 57 River Street, Wellesley Hills, MA 02181

11:56

FILED

APR 07 2021

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 300 - Revised: 08/2020

5. The mailing address for the limited partnership is:		
Address 425 Dexter Street		
City/Town Providence	State RI	Zip Code 02907

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

Check the box to indicate an 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.

Type or Print Name of General Partner	Date
AIMPAR, Inc	04/07/2021
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 07, 2021 11:56 AM

Nellie M. Gorbea
Secretary of State