



State of Rhode Island

Department of State - Business Services Division

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 (<u>NOT</u> 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 (<u>NOT</u> 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 Bilrite, 57 River Street, Wellesley Hills, MA 02181	

MAIL TO:

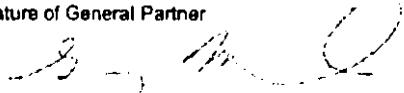
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FILED
APR 07 2021
BY *gnb 5Y5AX*

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 AIMPAR, Inc	Date 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		



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

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

