

Filing Fee: \$100.00

ID Number: \_\_\_\_\_



**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:

DAMA 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:

99B POTTERSVILLE ROAD, LITTLE COMPTON, RHODE ISLAND

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

Steven M. West (P.R.)

99B POTTERSVILLE ROAD

*(Street Address, not P.O. Box)*

LITTLE COMPTON

*(City/Town)*

RI

02837

*(Zip Code)*

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

General Partner

Business Address

STEVEN M. WEST

99B POTTERSVILLE ROAD, LITTLE COMPTON, RI 02837

5. The mailing address for the limited partnership is 99B POTTERSVILLE ROAD

*(Street Address)*

LITTLE COMPTON

*(City/Town)*

RHODE ISLAND

*(State)*

02837

*(Zip Code)*

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By DS 10:20  
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6. Any other matters the partners determine to include herein:

NONE

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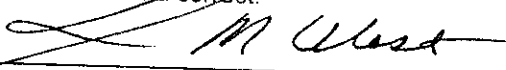
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(If additional space is required, please list on separate attachment.)

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: DECEMBER 23, 2008

By   
STEVEN M. WEST

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Signature(s) of all general partners named herein



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

