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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

2010 SEP - 7 AM 11:16  
FILED  
SECRETARY OF STATE  
CORPORATIONS DIV.

**LIMITED PARTNERSHIP**

**CERTIFICATE OF LIMITED PARTNERSHIP**  
(To Be Filed In Duplicate Original)

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, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:  
SERAPHIM ASSOCIATES, L.P.

*(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:  
140 Cove Point Road West, Charlestown, RI 02813

3. The name and address of the specified agent for service of process is Andrew Petock  
(Name of Agent)

140 Cove Point Road West Charlestown , RI 02813  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

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

<u>General Partner</u>	<u>Business Address</u>
Andrew Petock	140 Cove Point Road West, Charlestown, RI 02813
Bernadette E. Petock	same address

5. The mailing address for the limited partnership is 140 Cove Point Road West  
(Street Address)

Charlestown RI 02813  
(City/Town) (State) (Zip Code)

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6. Any other matters the partners determine to include herein:  
Not at this time.

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

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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: August 24, 2010

By *Andrew Peterch*

By *Juan de la Cruz*

By

By

By

Signature(s) of all general partners named herein

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# 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*

