

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 hereby file the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be MONI SHINE CLEANING 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: 35 FORTIN AVENUE, PAWTUCKET, RI 02860

3. The name and address of the specified agent for service of process is MONICA VELASQUEZ
35 FORTIN AVENUE PAWTUCKET, RI 02860

(Street Address, not P.O. Box) (City/Town) (Zip Code)

4. The name and business address of each general partner is:
General Partner Business Address
MONICA VELASQUEZ 35 FORTIN AVENUE, PAWTUCKET, RI 02860

SECRETARY OF STATE
CORPORATIONS DIV
2012 APR 25 PM 3:11

5. The mailing address for the limited partnership is 35 FORTIN AV
PAWTUCKET RI 02860

(City/Town) (State) (Zip Code)

FILED
APR 25 2012
By 169394
DS 3:11

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: 04/24/2012

By Monica Velasquez

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*

