



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Partnership
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership shall be: RI Snow Management LP

ARTICLE II

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

No. and Street: 9 SHERMAN AVE
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

ARTICLE III

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 9 SHERMAN AVE
City or Town: NORTH PROVIDENCE State: RI Zip: 02911

The name of its initial registered agent at such address is MICHAEL J AUSTIN JR

ARTICLE IV

The name and business address of each general partner is:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PARTNER | MICHAEL J AUSTIN JR | 9 SHERMAN AVE NORTH PROVIDENCE , RI 02911 USA |
| PARTNER | PETER J LIBUTTI | 5 HATTIE AVE GREENVILLE , RI 02828 USA |

ARTICLE V

The mailing address for the limited partnership is:

No. and Street: 9 SHERMAN AVE
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

Signed this 2 Day of November, 2015 at 10:31:11 AM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

MICHAEL J AUSTIN JR
PETER J LIBUTTI

Signature(s) of all general partners named herein

Form No. 300
Revised 09/07

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State of Rhode Island and Providence Plantations
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
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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

