

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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 14 PM 2:13

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:

56 ASSOC. 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:

100 Westminster Street, 17th Floor, Providence, RI 02903

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

(Name of Agent)

128 Dorrance Street, Suite 300

Providence

RI

02903

(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

Joseph R. Paolino Trust

100 Westminster Street, 17th Floor, Providence, RI 02903

1998 FBO Joseph R. Paolino, Jr.

5. The mailing address for the limited partnership is 100 Westminster Street, 17th Floor

(Street Address)

Providence

RI

02903

(City/Town)

(State)

(Zip Code)

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By 276657
AA 2:13 P.M.

6. Any other matters the partners determine to include herein:

None

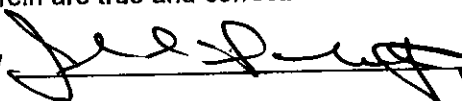
(If additional space is required, please list on separate attachment.)

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:

June 13, 2016

By



By

By

By

By

Signature(s) of all general partners named herein



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

