

Filing Fee: \$100.00

ID Number: 104128



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

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

1. The name of the limited partnership shall be:  
**Ryan Family Limited Partnership**

*(The name must contain the words "limited partnership" or the letters and punctuation "l.p." or "L.P.")*

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:  
**286 County Road, Barrington, RI 02806**

3. The name and address of the specified agent for service of process is **Robert J. Ryan**  
(Name of Agent)  
**286 County Road** **Barrington** **02806**  
(Street Address, not P.O. Box) (City/Town) RI (Zip Code)

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

General Partner	Business Address
<b>Robert J. Ryan</b>	<b>286 County Road, Barrington, RI 02806</b>
_____	_____
_____	_____
_____	_____
_____	_____

5. The mailing address for the limited partnership is **286 County Road**  
(Street Address)  
**Barrington** **RI** **02806**  
(City/Town) (State) (Zip Code)

6. Any other matters the partners determine to include therein *(If additional space is required, please list on separate attachment)*  
**N/A**

**FILED**

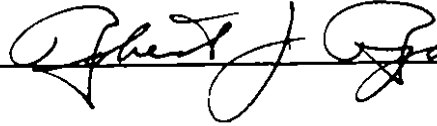
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By SA # 55  
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SECRETARY OF STATE  
CORPORATIONS DIV

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership and that all statements contained herein are true and correct.

  
\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
(Signature(s) of all general partners named herein)

Dated 12/28, 1998