I.D. Number:	1113	135

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

	CERTIFIC	ATE OF LIMITED PART	NERSHIP		
	undersigned, desiring to form a limited par General Laws, 1956, as amended, do exec			/ Section 7-13-8 o	
1.	The name of the limited partnership shall	be:	\sim		
		O FAMILY LIMITED P. ords "limited partnership" or the letter		.P.*)	
2.	The address of the specified office in this	address of the specified office in this state where the records of the limited partnership shall be kept is:			
	373 Elm	wood Ave., Providence, l	RI 02907		
3.	The name and address of the specified a	gent for service of process is	John N. Calvino (Name of Ager	nt)	
	373 Elm (Street Address, <i>not</i> P.0	wood Ave., Providence, l	RI 02907 (City/Town)	(Zip Code)	
4.	The name and business address of each	general partner is:			
	General Partner		Business Address		
	John N. Calvino, trustee under		373 Elmwood Ave.		
	THE JOHN N. CALVINO LIVING u/d/d May 2, 1994, as amended	G TRUST	Providence, RI 029	07	
5.	The mailing address for the limited partner	-	Imwood Ave., treet Address)		
		Providence, RI 02907			
	(City/Town)	(State)		(Zip Code)	

` • '	(Olaio)	(Zip Sode)
Any other matters the partners dete	ermine to include therein (if additional space is i	required, please list on separate attachment.)
	Any other matters the partners dete	Any other matters the partners determine to include therein (if additional space is a

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SECRETARY OF STATE
SECRETARY OF STATE

Form No. LP-5A Revised 9/97

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

THE JOHN N. CALVINO LIVING TRUST

Dated NOVEMBER 20, 1998

By: Salim Calvino

John N. Calvino, trustee u/d/d May 2, 1994 (Signature(s) of all general partners named herein)

FILED

NOV 2 7 1998