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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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SECRETARY OF STATE
CORPORATIONS DIV.
DEC 10 2 26 PM '01

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

(To Be Filed In Duplicate Original)

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:
The Monti Family 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:
101 Dyer Street, Providence, RI 02903

- 3. The name and address of the specified agent for service of process is Andrew H. Davis, Jr., Esq.
(Name of Agent)
101 Dyer Street 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
Frank O. Monti	135 East View Avenue, Cranston, RI 02920
Carol A. Monti	135 East View Avenue, Cranston, RI 02920

- 5. The mailing address for the limited partnership is 135 East View Avenue
(Street Address)
Cranston RI 02920
(City/Town) (State) (Zip Code)

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6. Any other matters the partners determine to include herein:
As set forth in the Agreement of Limited Partnership.

(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: _____

By Frank O. Monti

By Carl A. Monti

By _____

By _____

By _____

Signature(s) of all general partners named herein