

Filing Fee: \$100.00

ID Number: 120345



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

SEP 18 3 34 PM '01
STATE OF RHODE ISLAND

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 Soltani 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:

<u>General Partner</u>	<u>Business Address</u>
Shahnaz Soltani	19 Stimson Street, Providence, RI 02906

5. The mailing address for the limited partnership is 19 Stimson Street
(Street Address)
Providence RI 02906
(City/Town) (State) (Zip Code)

FILED
SEP 18 2001
By J. B. #9
270333

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

(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: 8/31/01

By 

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein