

Filing Fee: \$100.00

ID Number: 48356



**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:

MALIN 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:

26 Bluff Road, Barrington, RI 02806

3. The name and address of the specified agent for service of process is Drew P. Kaplan, Esq.,

*(Name of Agent)*

One Park Row - Suite 300

*(Street Address, not P.O. Box)*

Providence

*(City/Town)*

RI 02903

*(Zip Code)*

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

General Partner

Business Address

Herbert Malin

26 Bluff Road, Barrington, RI 02806

Beverly J. Malin

26 Bluff Road, Barrington, RI 02806

5. The mailing address for the limited partnership is 26 Bluff Road

*(Street Address)*

Barrington

*(City/Town)*

RI

*(State)*

02806

*(Zip Code)*

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

DEC 31 1 05 PM '97

**FILED**

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

DEC 31 1997  
CC # 43  
196855  
BY

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.

*Julius Malin*  
*Severly J. Malin*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dated December 31, 19 97