

Filing Fee \$100.00

I.D. Number: 109758

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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 SIMONSON 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:

9 Kristen Dr., Cranston, RI 02921

3. The name and address of the specified agent for service of process is **Timothy J. Simonson**
(Name of Agent)

9 Kristen Dr., Cranston, RI 02921
(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>
Timothy J. Simonson	9 Kristen Dr., Cranston, RI 02921
Cynthia J. Simonson	9 Kristen Dr., Cranston, RI 02921

5. The mailing address for the limited partnership is **9 Kristen Dr.**
(Street Address)

(City/Town) **Cranston, RI 02921** (State) (Zip Code)

FILED
DEC 20 1999
By CEA/33/SS/34
RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
66. 11 11 07 33

