I.D. Number:

## 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 "I.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)

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

General Partner

**Business Address** 

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)

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Form No. 300 Revised: 01/99

6. Any other matters the partne	rs determine to include herein
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(if add	litional 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.
Dated December <u>17</u> , 19	Timothy J. Simonson
Dated December 11, 19	