Filing Fee: \$100.00

ID Number: 150884



1. The name of the limited partnership shall be:

## 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**

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 of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

(The name must contain the words "limite	ed partnership" or the letters and punctuation	on "L.P.")
The address of the specified office in this state when	e the records of the limited partner	ship shall be kept is:
1665 Hartford Avenue, Johnston, Rhode Island	02919	
The name and address of the specified agent for ser	vice of process is Anthony J. Mi	Illa
1665 Hartford Avenue	Johnston	, RI <b>02919</b>
(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
The name and business address of each general pa	rtner is:	
General Partner	Business Address	
Trio Enterprises, Inc.	1327 Cranston Street	, Cranston, Ri 0292
	1227 0	
The mailing address for the limited partnership is	1327 Cransto	
<u></u>	(Street Address)	
	(Street Address)	02920
≥ Cranston	(Street Address)	02920
Cranston  (City/Town)	(Street Address)	02920
Cranston (City/Town)	(Street Address)	02920
Cranston  Cuty/Town)  8	(Street Address)  RI (State)	02920
Cranston  (City/Town)	(Street Address) RI (State)	02920 (Zip Code)
Cranston  Cuty/Town)  8	(Street Address) RI (State)	02920 (Zip Code)

	e partners determine to ir	nclude herein:
None		
· · · · · ·		
		n- 45
Date: September 2	8, 2005	Under penalty of perjury, I/we declare and affirm that I/we examined this Certificate of Limited Partnership, including accompanying attachments, and that all statements contained are true and correct.  By President, Trio Enterprises, Inc., G.F.
		Ву
		Ву
		Ву
		By
		Signature(s) of all general partners named herein