

Filing Fee: \$100.00

ID Number: 152492



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

RECEIVED
CORPORATIONS DIVISION
DEC 29 2005

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:

1. The name of the limited partnership shall be:

Keron 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:

Kalander & Shaw, Ltd., 146 Westminster Street, Providence, RI 02903

3. The name and address of the specified agent for service of process is Jonathan V. Kalander

146 Westminster Street

(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

Thomas F. Keron, as trustee of

146 Westminster Street

the Thomas F, Keron Revocable

Providence, RI 02903

Trust dated December 20, 2005

5. The mailing address for the limited partnership is c/o Kalander & Shaw, Ltd., 146 Westminster St

(Street Address)

Providence

(City/Town)

RI

(State)

02903

(Zip Code)

FILED

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By AKB
85617

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

None

(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: 12/29/05

By Thomas Leroy

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein