Filing Fee \$100.00

ID Number:

State of Rhode Island and Providence Plantations

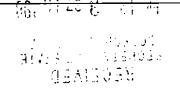
OFFICE OF THE SECRETARY OF STATE 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903-1335

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 partnership shall be: CABRINI I FAMILY LIMITED PARTNERSHIP	
	(The name must contain the words "limited "l.p." or "L.P.")	partnership" or the letters and punctuation
2.	the limited partnership shall be ke	e in this state where the records of ept is: stminster St., Providence, RI 02903.
3.	Jonathan V. Kalander, Kalander & As (name of agent) (Street Providence , RI	ied agent for service of process is: ssociates, Ltd., 146 Westminster Stet Address, not P.O. Box 02903
	(City/Town)	(Zip Code)
4.	The name and business address of edgeneral Partners JONATHAN V. KALANDER, Trustee, or his Successor Trustee(s), under the CABRINI I TRUST AGREEMENT	Business Address Kalander & Associates, Ltd.

- The mailing address for the limited partnership is: 5. Kalander & Associates, Ltd., 146 Westminster St., Providence, RI 02903 (Street Address) (City/Town) (Zip Code) (State)
- Any other matters the partners determine to include therein (if 6. additional space is required, please list on separate attachment.) None WILL 1998



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.

JONATHAN V. KALANDER, Trustee, or his Successor Trustee(s), under the CABRINI I TRUST AGREEMENT DATED U., 1998:

Trustee

By:

ONATHAN V. KALANDER, Trustee (General Partner)

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

Dated <u>July 10</u>, 1998