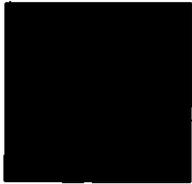


Filing Fee: \$100.00

ID Number: 122210



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:

Pottersville Limited Partnership *of*

(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:

99B Pottersville Road, Little Compton, RI 02837

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

Steven M. West

(Name of Agent)

99B Pottersville Road

Little Compton, RI

02837

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

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

General Partner

Business Address

Steven M. West

99B Pottersville Road, Little Compton, RI 02837

5. The mailing address for the limited partnership is

99B Pottersville Road

(Street Address)

Little Compton

RI

02837

(City/Town)

(State)

(Zip Code)

FILED

JAN 04 2001

BY CE 228

20. (NY 22 01 9 100)

STATE OF RHODE ISLAND
CORPORATIONS DIVISION
RECEIVED

6. Any other matter the partners determine to include herein:

(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: 11/26/01

By  G/P.

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein