

Filing Fee: \$100.00

ID Number:

100612



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

~~DUPLICATE~~ ORIGINAL 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 limited partnership shall be:

THE LIGHT FAMILY LIMITED PARTNERSHIP

(The name must contain the words "limited partnership" or the letters and punctuation "l.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:

One Citizens Plaza, Suite 840, Providence, RI 02903

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

(Name of Agent)

One Citizens Plaza

(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

Dorothy S. Licht

640 Elmgrove Avenue, Providence, RI 02906

5. The mailing address for the limited partnership is 640 Elmgrove Avenue

(Street Address)

Providence

RI

02903

(City/Town)

(State)

(Zip Code)

6. Any other matters the partners determine to include therein (if additional space is required, please list on separate attachment.)

RECEIVED
MAY 11 1998
STATE OF RHODE ISLAND

FILED

MAY 15 1998

By 204257

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.

Tobias M. Lederberg

Dorothy S. Licht, by her attorney-in-fact, Tobias M. Lederberg

Dated May 15, 1998

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