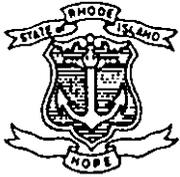


Filing Fee: \$100.00

ID Number: 98316



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
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 limited partnership shall be:

The Phyllis Kitowski Rodgers 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:

1420 Hospital Trust Tower, Providence, RI 02903

3. The name and address of the specified agent for service of process is Andrew H. Davis, Jr., Esq.

(Name of Agent)

1420 Hospital Trust Tower

Providence

RI 02903

(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

Phyllis Kitowski Rodgers

400 Glen Road, Portsmouth, RI 02871

5. The mailing address for the limited partnership is 400 Glen Road

(Street Address)

Portsmouth,

RI

02871

(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)

As set forth in the Agreement of Limited Partnership.

16 NOV 9 1997

FILED

DEC 31 1997

RECEIVED SECRETARY OF STATE

By [Signature] 196034

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.

Phyllis Kitowski Rodgers
Phyllis Kitowski Rodgers

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

Dated 12-29, 19 97