

Filing Fee: \$170.00

ID Number:

156828



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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:

SouthSide Gateways 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:

439 Pine Street, Providence, Rhode Island 02907

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

Holland & Knight, One Financial Plaza, #1400

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

SouthSide Gateways Development  
Corporation

439 Pine Street, Providence, RI 02907

5. The mailing address for the limited partnership is 439 Pine Street

(Street Address)

Providence

Rhode Island

02907

(City/Town)

(State)

(Zip Code)

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NO  
CONFIDENTIAL

FILED

JUN 20 2006

By [Signature]  
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3. 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: June 20, 2006

By

Kristin A. DeKuiper

Kristin A. DeKuiper, Incorporator

By

By

By

By

Signature(s) of all general partners named herein