

Filing Fee: \$100.00

ID Number: 141740



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:

Manton/River Associates, L.P.

(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:

9 Mark Fore Drive, West Warwick, Rhode Island 02893

3. The name and address of the specified agent for service of process is James A. O'Leary

(Name of Agent)

9 Mark Fore Drive

West Warwick

RI 02893

(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

SHK, L.L.C.

414 County Street

New Bedford, Massachusetts 02740

5. The mailing address for the limited partnership is 414 County Street

(Street Address)

New Bedford

Massachusetts

02740

(City/Town)

(State)

(Zip Code)

FILED

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By KMC

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

Such provisions as may be contained in the Limited Partnership Agreement.

(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: July 22, 2004

By SHK, L.L.C.

By 

By Stephan Baptista

By _____

By _____

Signature(s) of all general partners named herein