

Filing Fee: \$100.00

ID Number: 135354



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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SECRETARY OF STATE
CORPORATIONS DIV.
OCT 14 11 46 AM '03

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:

Gate Farm Family 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:

100 High Street, Block Island, RI 02807

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

(Name of Agent)

100 High Street

Block Island

RI 02807

(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

RGF, LLC, a

P.O. Box 246

Rhode Island Limited

100 High Street

Liability Company

Block Island, RI 02807

5. The mailing address for the limited partnership is P.O. Box 246

(Street Address)

Block Island

RI

02807

(City/Town)

(State)

(Zip Code)

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By 11281

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6. Any other matters 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: September 30, 2003

~~XBY~~ RGF, LLC

By *Sandra M. Gaffett*

~~XBY~~ Sandra M. Gaffett

By Operating Manager

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