- Fisting Fee: \$100.00

ID Number: 161467



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

JAN 30 2007

CERTIFICATE OF LIMITED PARTNERSHIP

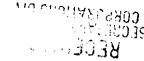
The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

The name of the limited partnership shall be:		
Gray Lane Limited Partnership (The name must contain the words "limited partnership" or the letters and punctuation "L.P.")		
176 Arcadia Road, Hope Valley, RI 02832	r	
-		104
The name and address of the specified agent for service	e of process is Karen G. De	elPonte
56 Exchange Terrace, 2nd Floor	Providence	, RI 02903
(Street Address, not P O Box)	(City/Town)	(Zip Code)
The name and business address of each general partn	er is.	
General Partner	Business A	<u>ddress</u>
John A. Gilman, Trustee of The John A. Gilman Trust - 1996	176 Arcadia Rd., H	ope Valley, RI 02832
Diane A. Gilman, Trustee of The	176 > 11 53	
Diane A. Gilman Trust - 1996	1/6 Arcadia Rd., H	ope Valley, RI 02832
	 -	
		· -
The mailing address for the limited partnership is	176 Arcadia Road	
-	(Street Addres	(s)
Hope Valley	RI	02832
(City/Town)	(State)	(Zip Code

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Form No. 300 Revised: 12/05



N/A	
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	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.
	Ou AMI
te: 1-26-07	By Litter 1. Milman I rustu
te: <u>1-26-07</u>	By A. Gilman I nustee
te: <u>1-26-07</u>	By A. Gilman Trustee (Diane A. Gilman)
e: <u>1-36-07</u>	By Alman, I huster (soin) A. Gilman) By (Diane A. Gilman) By

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