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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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MAY 6 2 52 PM '02

FILED

LIMITED PARTNERSHIP

MAY 06 2002
BY [Signature]

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:

The Loon 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:

315 Forge Road, North Kingstown, Rhode Island 02852

3. The name and address of the specified agent for service of process is A. Max Kohlenberg, Esq.

(Name of Agent)

c/o Edwards & Angell, LLP, 2800 Financial Plaza

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

John H. Howland

315 Forge Road, North Kingstown, RI 02852

Carol F. Howland

315 Forge Road, North Kingstown, RI 02852

5. The mailing address for the limited partnership is 315 Forge Road

(Street Address)

North Kingstown

RI

02852

(City/Town)

(State)

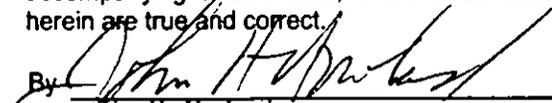
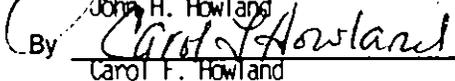
(Zip Code)

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: May 6, 2002

By 
John H. Howland
By 
Carol F. Howland

By _____

By _____

By _____

Signature(s) of all general partners named herein