

Filing Fee \$100.00

I.D. Number:

101468

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

THE APR FAMILY LIMITED PARTNERSHIP

(The name must contain the words "limited partnership" or the letters and punctuation "l.p." or "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

One Providence Washington Plaza, Providence, RI 02903

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

Paster & Harpootian, Ltd.

(Name of Agent)

One Providence Washington 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

Bruce D. Randall

**9 Ambrose Dr.
Bristol, RI 02809**

5. The mailing address for the limited partnership is

One Providence Washington Plaza

(Street Address)

Providence, RI 02903

(City/Town)

(State)

(Zip Code)

6. Any other matters the partners determine to include therein *(if additional space is required, please list on separate attachment)*

88 JUL 27 1998

FILED

SECRETARY OF STATE
CORPORATIONS DIVISION

JUL 10 1998
By Att 63
207557

Under penalty of perjury, I declare and affirm that I/we have examined this Certificate of Limited Partnership and that all statements contained herein are true and correct.

Dated July 10, 1998

Bruce D. Randall
Bruce D. Randall, General partner
(Signature(s) of all general partners named herein)