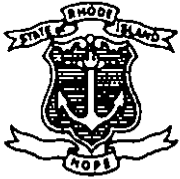


Filing Fee: \$100.00

ID Number: 97376



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:

915 PARTNERS 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:

400 Reservoir Ave. Suite 2K, Prov, RI 02907

3. The name and address of the specified agent for service of process is Gregory Marderosian, Esq.

(Name of Agent)

400 Reservoir Ave., Suite 2K

(Street Address, not P.O. Box)

Prov.

(City/Town)

RI 02907

(Zip Code)

4. The name and business address of each general partner is:

General Partner

915 MANAGEMENT INC.

Business Address

400 Reservoir Ave.

Suite 2K

Prov, RI 02907

5. The mailing address for the limited partnership is 400 Reservoir Ave., Suite 2K

(Street Address)

Prov.,

(City/Town)

RI

(State)

02907

(Zip Code)

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

N/A

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



Gregory Marderosian, Director
of the General Partner

Dated 10/24, 1997

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

FILED

OCT 27 1997

By 

Q 192312