

Filing Fee: \$100.00

ID Number: 107379



**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 Barbara A. Hail Family Limited Partnership for Securities

*(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:

1420 BankBoston Plaza, Providence, RI 02903

3. The name and address of the specified agent for service of process is Andrew H. Davis, Jr., Esq.

(Name of Agent)

1420 BankBoston Plaza

Providence

02903

RI

(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

Barbara A. Hail

220 Rumstick Road, Barrington, RI 02806

5. The mailing address for the limited partnership is 220 Rumstick Road

(Street Address)

Barrington

RI

02806

(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)

As set forth in the Agreement of Limited Partnership.

**FILED**

JUL 12 1999

By 22735

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.

*Barbara A. Hail*

Barbara A. Hail

Dated June 29, 19 99

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