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Form No 300 Revised, 01/99

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED PARTNERSHIP

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:

(The name must contain the	a words "limited partnership" or the letters and punct	ration "L.P.")
The address of the specified office in this s 1420 BankBoston Plaza, Providence, RI	state where the records of the limited partn 02903	ership shall be kept is:
The name and address of the specified ag	ent for service of process is Andrew H.	Davis, Jr., Esq.
		(Name of Agent)
1420 BankBoston Plaza	Providence	, RI 02903
(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
The name and business address of each o	general partner is:	
General Partner	Business /	Address
Thomas A. Rodgers, III	1027 Seapowet Avenue, Tiverton, RI 0	
The mailing address for the limited partner	ship is 1027 Seapowet Avenue	ec)
		33)
Tiverton	RI	02878
(City/Town)	(State)	(Zip Code
	K9 az 1 S vok	

6. Any other matters the partners determent. As set forth in the agreement of limite	mine to include herein: ed partnership
(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: 18/29/99	By T. A. Rodgens I
	Ву
	Ву
	Ву
	BySignature(s) of all general partners named herein