

Filing Fee: \$50.00

ID Number: 49294



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED PARTNERSHIP**

**CERTIFICATE OF AMENDMENT TO  
CERTIFICATE OF LIMITED PARTNERSHIP**

**FILED**

**JUN 01 2006**

By AK  
100350

2006 JUN -1 PM 2:40

RECEIVED  
CORPORATIONS DIVISION  
JUN 1 2006

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-9 of the General Laws of Rhode Island, 1956, as amended, hereby execute the following Certificate of Amendment to the Certificate of Limited Partnership:

1. The name of the limited partnership is:

Simmons ville Associates III

2. The date of filing of the Certificate of Limited Partnership is May 7, 1982

3. The Certificate of Limited Partnership (as previously amended 6/30/83; 4/15/88)

(List dates of prior amendment(s), if applicable. If none, so state.)

is amended as follows:

[Insert amendment]

Schedule A to the Certificate is hereby amended to (a) delete the name and address  
of Lewis J. Nulman (Assignor), 2 Linden Drive, Providence, RI 02906, and (b)  
insert the name and address of Kenneth A. Nulman (Assignee), 263 Benefit Street,  
Providence, RI 02903 in place of Assignor as a Substitute Limited Partner, and  
having all of the rights and obligations of a Substitute Limited Partner in the  
Limited Partnership.

- "4. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Date:

6/1/06

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.


Simmonsville Associates III

Print Name of Limited Partnership

**Kelly & Picerne Venture Corp.**

**Its General Partner**

By

  
Its: Authorized Officer

By

By

By

By