



**State of Rhode Island
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Partnership
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership shall be: Opzo Fund ArcWest, LP

ARTICLE II

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

No. and Street: 148 WEST RIVER STREET
SUITE 1E

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

ARTICLE III

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 148 WEST RIVER STREET
SUITE 1E

City or Town: PROVIDENCE

State: RI Zip: 02904

The name of its initial registered agent at such address is MCLAUGHLINQUINN LLC

ARTICLE IV

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	TRIROCK, INC.	177 HUNTINGTON AVE, STE 17 BOSTON, MA 02115 USA

ARTICLE V

The mailing address for the limited partnership is:

No. and Street: 177 HUNTINGTON AVE
SUITE 17

City or Town: BOSTON

State: MA Zip: 02115 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

THE LIMITED PARTNERSHIP IS FORMED FOR THE PURPOSE OF INVESTING IN QUALIFIED OPPORTUNITY ZONE PROPERTY (OTHER THAN ANOTHER QUALIFIED OPPORTUNITY FUND), AS SUCH TERMS ARE DEFINED IN 26 U.S.C. SEC. 1400Z-1 AND 1400Z-2 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND THE REGULATIONS PROMULGATED THEREUNDER.

Signed this 3 Day of May, 2021 at 1:25:05 PM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

 TRIROCK, INC.

Signature(s) of all general partners named herein

Form No. 300
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 03, 2021 01:23 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

