



State of Rhode Island

Department of State - Business Services Division

PROCESSED
RI DEPT OF STATE
BUS SVCS DIV
2021 SEP 15 AM 10:20

Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:

Monterey Housing Associates Limited Partnership

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

Street Address (NOT a P.O. Box) 931 Jefferson Boulevard, Suite 3001

City/Town
Warwick

State
RHODE ISLAND

Zip Code
02886

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name
Thomas E. Beattie

Street Address (NOT a P.O. Box) 931 Jefferson Boulevard, Suite 3001

City/Town
Warwick

State
RHODE ISLAND

Zip Code
02886

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

GENERAL PARTNER

BUSINESS ADDRESS

Monterey GP, LLC

931 Jefferson Boulevard, Suite 3001, Warwick, RI 02886

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

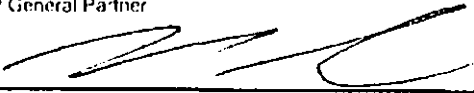
Website: www.scs.ri.gov

FILED

SEP 15 2021

BY 0368D1B

FORM 300 - Revised 03/2020

5. The mailing address for the limited partnership is:		
Address 931 Jefferson Boulevard		
City/Town Warwick	State RI	Zip Code 02886
6. Any other matters the partners determine to include herein: None.		
Check the box to indicate an attachment ☐		
<i>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.</i>		
Type or Print Name of General Partner Monterey GP, LLC by its Manager, Michael J. Packard	Date September 14, 2021	
Signature of General Partner 		
Type or Print Name of General Partner	Date	
Signature of General Partner		
Type or Print Name of General Partner	Date	
Signature of General Partner		