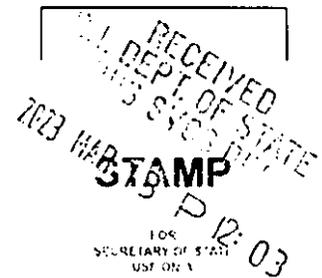




State of Rhode Island  
**Department of State - Business Services Division**



**Certificate of Limited Partnership**

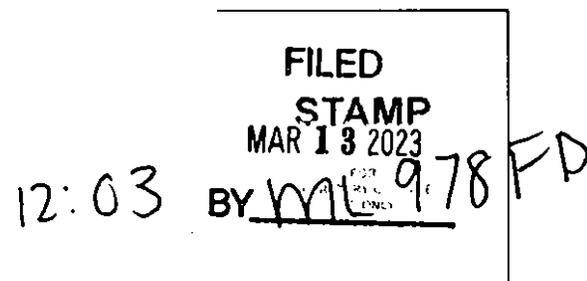
DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13.1-201, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:  WH Apartments, LP		
2. The address of the limited partnership's principal office is:		
Address 10 Wake Robin Road		
City/Town Lincoln	State RHODE ISLAND	Zip Code 02865
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
WH Management, LLC	506 2nd Avenue, 20th Floor, Seattle, WA 98104	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov



5. Any other matters the partners determine to include herein:

Check the box to indicate an attachment

6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. 7-13.1.

7. Date when this Certificate of Limited Partnership will be effective: **CHECK ONE BOX ONLY**

Date received (upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*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.*

Type or Print Name of General Partner

WH Management, LLC

Date

03/10/2023

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



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

March 13, 2023 12:03 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

