Filing Fee: $100.00

ID Number: _98822_

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP

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:

1. The name of the limited partnership shall be:

   V & S FAMILY LIMITED PARTNERSHIP
   (The name must contain the words "limited partnership" or the letters and punctuation "l.p." or "L.P.")

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

   68 South Road, Wakefield, RI 02879

3. The name and address of the specified agent for service of process is ___Gary R. Pannone___
   (Name of Agent)

   1800 Hospital Trust Tower   Providence _____, RI 02903
   (Street Address, *not* P.O. Box)   (City/Town)   (Zip Code)

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

General Partner	Business Address
Vincent J. Siravo	68 South Road, Wakefield, RI 02879
Shirley M. Siravo	68 South Road, Wakefield, RI 02879

5. The mailing address for the limited partnership is ___68 South Road___
   (Street Address)

   Wakefield, Rhode Island 02879
   (City/Town)   (State)   (Zip Code)

6. Any other matters the partners determine to include therein *(If additional space is required, please list on separate attachment.)*

   None

FILED

JAN 2 6 1998

By _____

Form No. LP-5A
Revised 9/97

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership and that all statements contained herein are true and correct.

By: Gary R. Pannone

Agent

(Signature(s) of all general partners named herein)

Dated ____January 23,_____, 19__98__