Filing Fee: \$100.00

ID Number: \_\_\_\_

2015 AUG 3



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 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 of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

#### Pierce Manor Associates, L.P.

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is: 4060 Post Road, Warwick, RI 02886

3. The name and address of the specified agent for service of process is \_Sean T. O'Leary, Esq.

	4060 Post Road		Warwick	, <del>R</del> I (	2893	
	(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			
	G.P. Housing, LLC	4060 Post	4050 Post Road, Warwick, RI 02885			
			······································		<del>,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					·	
			·····			

5. The mailing address for the limited partnership is P.O. Box 6727

	(Street Address)	
New Bedford	Massachusetts	02742-6727
(City/Town)	(State)	(Zip Code)
No. 300 ed: 12/05	AUG 3 1 2015	
	1	

BY CA 255499 11:31

Form Revis 6. Any other matters the partners determine to include herein:

Date:

. ... . . (If additional space is required, please list on separate attachment.) 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. August 31, 2015 BX G.P. Housing, LLC N -1 By Ì James A. O'Leary By <u>Assistant Secretary</u> Ву \_\_\_\_\_ Ву \_\_\_

Signature(s) of all general partners named herein



State of Rhode Island and Providence Plantations **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

## and Providence Plantations, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

