

Filing Fee: \$100.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2015 DEC 22 PM 12:56
CORPORATIONS DIV.

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:
Amherst Gardens, 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:
66 Chaffee Street, Providence, RI 02909

3. The name and address of the specified agent for service of process is Wendy Nicholas Dorsey

66 Chaffee Street Providence RI 02909
(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
Amherst Gardens Apartments, Inc. 66 Chaffee Street, Providence, RI 02909

5. The mailing address for the limited partnership is 66 Chaffee Street,
(Street Address)
Providence RI 02909
(City/Town) (State) (Zip Code)

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

None

Multiple horizontal lines for additional text input.

(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.

Date: December 22, 2015

By Amherst Gardens Apartments, Inc. its
General Partner

By _____

By Wendy Nicholas Dorsey
Wendy Nicholas Dorsey, Vice President

By _____

By _____
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:

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

Nellie M. Gorbea
Secretary of State

