Filing Fee: \$100.00

1. The name of the limited partnership shall be:

ID Number: 142 60 3

STATE	OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street	Ser	_ ·s
FILED	Providence, Rhode Island 02903-1335	~~~ 	COR COR
SEP 07 2004	LIMITED PARTNERSHIP		
By Kmc		37	<u> </u>
	CERTIFICATE OF LIMITED PARTNERSHIP (To Be Filed In Duplicate Original)	10. III	SOM MATE

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:

The address of the specified office in this state	e where the records of th	a limitad name	mahin akalika i
5 Cathedral Square, Providence, Rhode Is		е итисео раппе	rsnip snall be kept is:
The name and address of the specified agent		Gina M. Illian	o, Esq.
· -	,		(Name of Agent)
5 Cathedral Square	Provide	1ce	, RI 02903
(Street Address, not P.O. Box)		(City/Town)	(Zip Code)
The name and business address of each gene	eral partner is:		,
General Partner		Business A	<u>ddress</u>
Cathedral Development Group, Inc. 5	Cathedral Square, Prov	idence. Rhode	Island 02903
		,	
		<u> </u>	
	·		
The mailing address for the limited partnershin	o is 5 Cathedral Square		
The mailing address for the limited partnership	o is _5 Cathedral Square	Street Address	s)
The mailing address for the limited partnership	o is _5 Cathedral Square	(Street Address	02903

Any oth	er matters the partners determ	ine to include herein:
none		
		•
	(fi additional s	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.
_	alalan	
:	1/7/04	Cathedral Development Group, Inc. By huits secretary Scott Equation
		By hyits Secretary Scott Gaudicau
		Ву
		By