Filing Fee: $100.00

ID Number: 110223

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

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP
(To Be Filed In Duplicate Original)

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:

   AGIM FAMILY LIMITED PARTNERSHIP
   (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:

   946 Centerville Road, Warwick, RI 02886

3. The name and address of the specified agent for service of process is REVENS LANNI REVENS & ST. PIERRE
   (Name of Agent)

946 Centerville Road	Warwick	, RI 02886
(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
Richard J. Miga	4000 Post Road, Warwick, RI 02886
Patricia L. Miga	4000 Post Road, Warwick, RI 02886

5. The mailing address for the limited partnership is   4000 Post Road
   (Street Address)

Warwick	Rhode Island	02886
(City/Town)	(State)	(Zip Code)

FILED

DEC 3 0 1999

By _____

Form No. 300
Revised: 01/99

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

None

(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 29, 1999

By _____
Richard J. Miga

By _____
Patricia L. Miga

By _____

By _____

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