

Filing Fee: \$100.00

ID Number: 121343



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:
CR ASSOCIATES LP

(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:
644 Thames Street, Newport, RI 02840

3. The name and address of the specified agent for service of process is Kenneth J. Alves
644 Thames Street Newport RI 02840
(Street Address, not P.O. Box) (City/Town) (Name of Agent) (Zip Code)

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

<u>General Partner</u>	<u>Business Address</u>
<u>Kenneth J. Alves</u>	<u>644 Thames Street, Newport, RI</u>

5. The mailing address for the limited partnership is 644 Thames Street
Newport RI 02840
(City/Town) (Street Address) (State) (Zip Code)

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By 02443
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6. Any other matters the partners determine to include herein:

(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: NOV. 15TH 2001

By 

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein