Filing Fee: \$100.00

ID Number: 128 154



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: | | | |
|----|---|--|-------------------------|---------------------|
| | Samuel Peckham Family | Limited Partnership |) | |
| | (The name must contain the words Timit | ed partnership* or the letters and punctua | tion "L.P.") | |
| 2. | The address of the specified office in this state where | the records of the limited partne | rship shall b | e kept is: |
| | 100 West Side Road, Bl | ock Island, RI 0280 | 7 | |
| 3. | The name and address of the specified agent for ser | | H. Gaf (Name of Agen | |
| | 100 West Side Road | Block Island | | |
| | (Street Address, not P.O. Box) | (City/Town) | — · Ki — | 02807 (Zip Code) |
| 4. | The name and business address of each general par | • • • | | (44) |
| | General Partner | Business A | ddress | |
| | Samuel Peckham Inn, LLC | P.O. Box 246 | | |
| | a Rhode Island Limited | 100 West Side Ro | ad | |
| | Liability Company | Block Island, RI | 02807 | |
| | | | | |
| | | | | |
| | | | | |
| | The mailing address for the limited partnership is | P.O. Box 246 | | 3 33 |
| | · · · - | (Street Address | | |
| | Fiblock Island | RI | | 02807 |
| | (City/Town) | (State) | | (Zip Code) |
| | DEC 3 0 2002 FILED | | | |
| | By AMF | | | |
| | AG TXISI | | | *** |
| | m No. 300 rised: 01/99 | | | |

| . Any other matters the partners dete | Any other matters the partners determine to include herein: | | | | |
|---------------------------------------|---|--|--|--|--|
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| (ii addiddi | al 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. | | | | |
| te: December 30, 2002 | Samuel Peckham Inn, LLC | | | | |
| | By Finis A. Co. At | | | | |
| | Lewis H. Gaffett | | | | |
| | 数 Operating Manager | | | | |
| | X6¥ | | | | |
| | Signature(s) of all general partners named herein | | | | |