Filing Fee: \$100.00

ID Number: 1354VV



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP				
e undersigned, desiring to form a limited partn e General Laws, 1956, as amended, do execut	ership under a e the following	ind by virtue of Certificate o	of the powers confer f Limited Partnership	): No diffirm
The name of the limited partnership shall be:				D HH
Spardig Associates II L.P. (The name must contain the words	imited partnership	or the letters an	d punctuation 1.p.* or "L.F	2.7
The address of the specified office in this sta	te where the re	ecords of the	limited partnership s	hall be kept is:
1414 Atwood Avenue, Johnston, RI	02919			
The name and address of the specified agent for serv		process is _	Angelo R. Marocco, Esq. (Name of Agent)	
1200 Reservoir Avenue		Cran	·	. RI 02920
(Street Address, <u>not</u> P.O. Box)		023.	(City/Town)	(Zip Code)
The name and business address of each gen	eral partner is:		}	
General Partner			Business Addres	s
Enterprise Associates in Real Estate	Inc	1414 Arw	ood Avenue, Johr	iston RT 02919
The mailing address for the limited partnershi	ip is14	14 Atwood	Avenue	-
• •			(Street Address)	
Johnston (City/Town)	RI (State)	<del></del>		2919
•				(Zip Code)
Any other matters the partners determine to in None	nclude therein	(If additional spa	ce is required, please list o	n separate attachment)
				OCT 23 2003
				OCI 23 2003
				-1 (96°

	Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership and that all statements contained therein are true and correct.  Enterprise Associates in Real Estate, Inc.
	By: Alfred Carpionaro President
Dated <u>CroB=R 2- , <b>18</b> 2003</u>	(Signature(s) of all general partners named herein)