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State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

100 NOR EH MAIN STREET PROVIDENCE, RHODE ISLAND 02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP

Be it Busin to All by these Bresents. That we, the undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Chapter 7-13-8 of the General Laws of Rhode Island, do execute the following Certificate of Limited Partnership:
FIRST: The name of the partnership shall be THE ANN CHASE HENDRIE FAMILY LIMITED PARTNERSHIP
SECOND The address of the specified office of the partnership is 1420 Hospital Trust Tower, Providence, RI 02903 (NO.STRELL CITY OR TOWN IN BHODE ISLAND) and the name of the specified agent for service of process at such address is
Andrew H. Davis, Jr., Esq.
THIRD The name and business address of each general partner.
General Partners Residence (NO STREET CITY OR TOWN, STATE)
Ann Chase Hendrie 2 Warren's Point Road, Little Compton, RI 0283
FOURTH The mailing address for the limited partnership
2 Warren's Point Road, Little Compton, RI 02837
FIFTH The latest date upon which the limited partnership is to dissolve December 31, 2026

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SIXTH. Any other matters the partners determine to include therein

 $^{\circ}$ Use Schodule A it space below is not sufficient.)

As set forth in the Agreement of	Limited Partner	rship.	
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Signature(s) of all	general Partners na	med therein	
nn Chase Hendrie			
Ann Chase hendrie			
State of Rhode Island County of Providence	} Sc		
At Providence in	said county on the	30 ¹⁴ dayof	December
19 .96., before me personally appeared A			· · · · · · · · · · · · · · · · · · ·
who being by me first duly sworn, declared The Ann Chase Hendrie Family Limited Partnership General Partner of the co	, that kg/she sig	General Partner ned the foregoing do t the statements th	ocument as such
	Pakier.	Notary Public	