



State of Rhode Island  
**Department of State - Business Services Division**

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**Certificate of Limited Partnership**

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

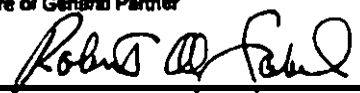
1. The name of the limited partnership is:		
<b>Fifty Washington Square Newport L.P.</b>		
2. The address of the specified office in this state where the records of the limited partnership shall be kept is:		
Street Address (NOT a P.O. Box) 50 Washington Square		
City/Town Newport	State <b>RHODE ISLAND</b>	Zip Code 02840
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Robert M. Sabel, Esq.		
Street Address (NOT a P.O. Box) 50 Washington Square		
City/Town Newport	State <b>RHODE ISLAND</b>	Zip Code 02840
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
FWSGP Corp.	50 Washington Square, Newport, RI 02840	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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<b>5. The mailing address for the limited partnership is:</b>		
<b>Address</b> 50 Washington Square		
<b>City/Town</b> Newport	<b>State</b> RI	<b>Zip Code</b> 02840
<b>6. Any other matters the partners determine to include herein:</b>  None.		
Check the box to indicate an attachment <input type="checkbox"/>		
<i>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.</i>		
<b>Type or Print Name of General Partner</b> FWSGP Corp.	<b>Date</b> July 7, 2022	
<b>Signature of General Partner</b> 		
<b>Type or Print Name of General Partner</b> Robert M. Sabel, President	<b>Date</b>	
<b>Signature of General Partner</b>		
<b>Type or Print Name of General Partner</b>	<b>Date</b>	
<b>Signature of General Partner</b>		

**If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.**



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

July 08, 2022 02:38 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

