



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Partnership
Certificate of Amendment to Certificate of Limited Partnership
(Section 7-13-9 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership is A&H Housing, L.P.

If the partnership's name is changing, state the new name: A&H Housing, L.P.

ARTICLE II

The date of filing of the Certificate of Limited Partnership is 3/1/2022

ARTICLE III

The Certificate of Limited Partnership (as previously amended on) is amended as follows, including, if applicable, a change made in Article I:

Location of its principal office:

No. and Street: 1029 MENDON ROAD
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

If the mailing address of the limited partnership is changing, so state:

No. and Street: 1029 MENDON ROAD
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

If there is a change in the general partners of the limited partnership, modify the following section:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	A&HGP CORPORATION	1029 MENDON RD CUMBERLAND, RI 02864 USA

If there are any other provisions to be amended, so state:

ARTICLE IV

This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Signed this 16 Day of February, 2023 at 11:59:32 AM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

A&H Housing, L.P.

Name of Limited Partnership

By DREW P. KAPLAN

By PETER BOUCHARD

Form No. 301
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

February 16, 2023 11:59 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

