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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Joseph F. Lachut, Esquire 401 942-4300

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gelfuso & Lachut, Incorporated
1193 Reservoir Avenue
Cranston, Rhode Island 02920

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Carriage Way Associates, Ltd.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

114 Fortin Drive

CITY

Woonsocket

STATE

ri

POSTAL CODE

02895

COUNTRY

USA

1d. TAX ID #: SSN OR EIN
NOT REQUIRED IN
RHODE ISLAND

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION
corporation

1f. JURISDICTION OF ORGANIZATION
Rhode Island

1g. ORGANIZATIONAL ID #, if any
I.D. # 90950

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN
NOT REQUIRED IN
RHODE ISLAND

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

The Washington Trust Company

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

23 Broad Street

CITY

Westerly

STATE

RI

POSTAL CODE

02891

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

All assets now owned or hereafter acquired by Debtor and used or useable in connection with, located at or related to the real property and improvements located at 4115 Mendon Road, Cumberland, Rhode Island and 5 Eaton Street, Cumberland, Rhode Island, the record owner of which is Debtor.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum. ☐ TO REQUEST A SEARCH REPORT, FILE A UCC11 (if applicable)

8. OPTIONAL FILER REFERENCE DATA

Filed with the Rhode Island Secretary of State

(1) FILING OFFICE COPY - ALPHABETICAL - RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 06/15/01)