

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [Optional]                           |  |
| B. SEND ACKNOWLEDGMENT TO: [Name and Address]                            |  |
| USDA Farm Service Agency<br>60 Quaker Lane Suite 49<br>Warwick, RI 02886 |  |

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                                     |                                         |                          |                                  |                                                           |
| OR Rain-One Company LLC                                     |                                         |                          |                                  |                                                           |
| 1b. INDIVIDUAL'S LAST NAME                                  |                                         | FIRST NAME               | MIDDLE NAME                      | SUFFIX                                                    |
|                                                             |                                         |                          |                                  |                                                           |
| 1c. MAILING ADDRESS                                         |                                         | CITY                     | STATE                            | POSTAL CODE COUNTRY                                       |
| 2953 Hartford Avenue                                        |                                         | Johnston                 | RI                               | 02919 USA                                                 |
| 1d. TAX ID #: SSN OR EIN<br>NOT REQUIRED IN<br>RHODE ISLAND | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any                           |
|                                                             |                                         | Partnership              | Rhode Island                     | <del>050610568</del> 120304 <input type="checkbox"/> 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                          |
| Rainone                                                     |                                         | William                  | M                                |                                 |
| 2c. MAILING ADDRESS                                         |                                         | CITY                     | STATE                            | POSTAL CODE COUNTRY             |
| 354 Chopmist Hill Road                                      |                                         | Chepachet                | RI                               | 02814 USA                       |
| 2d. TAX ID #: SSN OR EIN<br>NOT REQUIRED IN<br>RHODE ISLAND | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |
|                                                             |                                         |                          |                                  | <input type="checkbox"/> 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     |  |            |             |                     |
| OR USDA Farm Service Agency |  |            |             |                     |
| 3b. INDIVIDUAL'S LAST NAME  |  | FIRST NAME | MIDDLE NAME | SUFFIX              |
|                             |  |            |             |                     |
| 3c. MAILING ADDRESS         |  | CITY       | STATE       | POSTAL CODE COUNTRY |
| 60 Quaker Lane Suite 49     |  | Warwick    | RI          | 02886 USA           |

4. This FINANCING STATEMENT covers the following collateral:

All before and after acquired property included but not limited to all crops, nursery stock, annuals and perennials and other plant products. All entitlements, benefits, and payments from all state and federal farm programs; all farm and other equipment including small equipment listed on the security agreement. All fixtures affixed and to be affixed to the real estate. All intangibles and inventory as per security agreement.

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 [if applicable]

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA: