| Robert V. Colagiovanni, Esquire 3010 Post Road Warwick, RI 02886 (401) 732-3900  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do no abbreviate or combine names  1a. ORGANIZATION'S NAME K R Realty LLC 1b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX  INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1: a. SEARCH RESPONSE INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all reported records, but to furnish NO COPIES of reported records.  OF COPY REQUEST  CERTIFIED (Optional)  INFORMATION REQUEST RESPONSE WITH FULL COPIES — Filing office requested to furnish a search report listing all financing statements and related records sho ate and time of filing and name and address of each Secured Party named therein, and also furnish an exact COPY of ALL reported records (including all attachments).  |  |  |                     |   |   |                   |
|--|--|--|---------------------|---|---|-------------------|
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| Warwick, RI 02886 (401) 732-3900  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do no abbreviate or combine names  1a. ORGANIZATION'S NAME  K R Realty LLC  1b. INDIVIDUAL'S LAST NAME  INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1:  a. SEARCH RESPONSE  INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all reported records, but to furnish NO COPIES of reported records.  b. COPY REQUEST  CERTIFIED (Optional)  INFORMATION REQUEST RESPONSE WITH FULL COPIES — Filing office requested to furnish a search report listing all financing statements and related records should be reported records for the filing and name and address of each Secured Party named therein, and also furnish an exact COPY of ALL reported records (including all attachments).  b. CSPECIFIED COPIES ONLY  CERTIFIED (Optional)  |  | ovanni, Esquire                                      | ı                   |   |   |                   |
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| Record Number  Date Record Filed (If required)  Type of Record and Additional Identifying Information (if required)  | c. SPECIFIED COPIES ONLY               | CERTIFIED (Optional)                                 |                     |   |   |                   |
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|  | ADDITIONAL SERVICES                    |  |                     |   |   |                   |
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|  | DELIVERY INSTRUCTIONS (re              | quest will be filled by mail sent to address sh      | nown in item B      | inless otherwise instructed here):      |   |                   |
| DELIVERY INSTRUCTIONS (request will be filled by mail sent to address shown in item B unless otherwise instructed here):   | 4a. Pick Up                            |  |                     |   |   |                   |
|  | 4b. Other                              |  |                     |   | W. W. Alexander                           |                   |
| 4a. Pick Up  | Specify desired method here (if        | available from this office); provide delivery inform | nation (e.g., deliv | ery service's name, addressee's accou   | nt# with delivery service, addressee's ph | ione#, etc.)      |