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. NAME & PHONE OF	CONTACT AT FILE	R [optional]				
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EAST COAST LANDSCAPING & CONSTRUCTI				Tourne 5	NAME	SUFFIX
OR 15 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
202 CHASE RD		PORTSMOUTH	RI			
d. SEE INSTRUCTIONS	ORGANIZATION	1e. TYPE OF ORGANIZATION	16. JURISDICTION OF ORGANIZATION	1g. ORGANIZÄTIONAL ID #, if any		П
DEBTOR CORP  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of						<u> </u>
ADDITIONAL DEBT		LEGAL PARENT - Insert only one	restor flame (22 of 25) - do not assistance of certific			
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together with (1) all attachments, accessories and components, repairs and improvements, (2) all accounts, general intangibles, contract rights and chattel paper relating thereto, and (3) all proceeds, thereto including, without limitation, insurance, sale, lease and rental proceeds, and proceeds of proceeds.

. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIGNEE	/CONSIGNOR BAILEE/BAILO	R SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	r record] (or recorded) in the REAL (if applicable)	7. Check to REQUEST SEARCH RE	PORT(S) on Debtor(s)	All Debtors De	ebtor 1 Debtor 2
OPTIONAL FILER REFERENCE DATA					
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SOS RI REFERENCE NUMBER: 948227 03/22/2007