

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 9707 CITIZENS LEASIN	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	10783289 RIRI

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 Hinckley, Allen & Snyder LLP				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1500 Fleet Center		CITY Providence	STATE RI	POSTAL CODE 02903
1d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLP	1f. JURISDICTION OF ORGANIZATION RI
1g. ORGANIZATIONAL ID #, if any				☒ 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
2d. <u>SEE INSTRUCTIONS</u>		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 RBS Asset Finance, Inc.				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 189 CANAL ST., 1ST FLOOR		CITY PROVIDENCE	STATE RI	POSTAL CODE 02903
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

The Equipment described in the above-referenced financing statement includes but is not limited to the Equipment described on Schedule A attached hereto and made a part hereof; which specific Equipment description is made a part of the original financing statement amended hereby. This financing statement covers all replacements, repairs, substitutions, additions, accessions and accessories thereto, any deposit accounts or security deposits relate thereto, and related software, embedded therein or otherwise, and to the extent not listed above as original collateral, proceeds and products of the foregoing, including the proceeds of all insurance policies with respect to the Equipment, in all cases whether now owned or hereafter acquired.

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. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2	
8. OPTIONAL FILER REFERENCE DATA 10783289		DIRECT TD 1000196-17	

Hinckley, Allen & Snyder LLP



SCHEDULE A EQUIPMENT

SECURED PARTY: RBS Asset Finance, Inc. d/b/a
CITIZENS ASSET FINANCEDEBTOR: Hinckley, Allen & Snyder LLPThis Schedule A of Equipment is attached to and made a part of: Note No. 17 and all related documents.

Qty	Year	Make	Model	Equipment Description	Serial Number	Equipment Location			
				Equipment Description		Street	City	State	Zip
				Equipment as described on invoice # 328951, 330790, 328953, 328952, & 328950		1500 Fleet Center	Providence	RI	02903
Above equipment distributed by: WB Mason									
				Equipment as described on invoice #26042		1500 Fleet Center	Providence	RI	02903
Above equipment distributed by: Graham Builders, Inc.									
				Equipment as described on invoice # R62282760, R61445224, R62468520	H91J1C1 B91J1C1 911194B00192AA215522	1500 Fleet Center 28 State Street	Providence Boston	RI MA	02903 02109
Above equipment distributed by: Dell									
				Equipment as described on invoice # 2		28 State Street	Boston	MA	02109
Above equipment distributed by: Corderman & Company									

RBS Asset Finance, Inc. d/b/a
CITIZENS ASSET FINANCEDEBTOR: Hinckley, Allen & Snyder LLPBy: _____
Name: _____
Title: _____By: _____
Name: _____
Title: _____