[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]
Cheryl A. Fallon (401) 453 2300

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

Brennan, Recupero, Cascione, Scungio & McAllister, LLP
362 Broadway
Providence, RI 02909

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

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Killoran	Kevin	A.	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
44 Clifden Avenue	Cranston	RI	02905	USA

1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	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	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
Credit Union Central Falls

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1005 Douglas Pike, Attn: Commercial Lending	Smithfield	RI	02917	USA

4. This FINANCING STATEMENT covers the following collateral:

All of the following now or hereafter located at, used at, or arising out of or otherwise in respect of property commonly known as 72 Norwood Avenue, Cranston, Rhode Island (the "Premises"), and all proceeds and products thereof: (a) all accounts, leases, subleases, tenancies and other agreements, together with all renewals or extensions thereof, and all substitutions therefor, (b) all rents and other payments or accounts due as the result of any use, possession or occupancy of any portion of the Premises, and/or as the result of any services or amenities provided at the Premises, (c) all supporting obligations and collateral for any of the foregoing, (d) all inventory, equipment, fixtures, oil, gas and other mineral rights, and water rights, (e) all plans and specifications, drawings, reports, studies, licenses, permits, approvals and contracts, and (f) all books and records relating to any of the foregoing.

To be filed with the Secretary of State for the State of Rhode Island

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:

FILING OFFICE COPY— RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/01/06)

11133-6-0