

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					
QR					
1b. INDIVIDUAL'S LAST NAME Killoran		FIRST NAME Kevin		MIDDLE NAME A.	
1c. MAILING ADDRESS 44 Clifden Avenue		CITY Cranston		STATE RI	
				POSTAL CODE 02905	
				COUNTRY 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					
QR					
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					
QR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
3c. MAILING ADDRESS 1005 Douglas Pike, Attn: Commercial Lending		CITY Smithfield		STATE RI	
				POSTAL CODE 02917	
				COUNTRY 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/BAIOLR ☐ 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:	