

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional] Mary K. Mansfield	
B. SEND ACKNOWLEDGMENT TO: [Name and Address] Bay Colony Development Corp. 1601 Trapelo Road Waltham, MA 02451	

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 Foster Golf and Country Club, Inc.				
QR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 67 Johnson Road		CITY Foster	STATE RI	POSTAL CODE 02825
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		1e. TYPE OF ORGANIZATION Corp.	1f. JURISDICTION OF ORGANIZATION Rhode Island	
				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
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		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 U.S. Small Business Administration				
QR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS c/o Bay Colony 1601 Trapelo Road		CITY Waltham	STATE MA	POSTAL CODE 02451
COUNTRY USA				

4. This FINANCING STATEMENT covers the following collateral:

Equipment

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:

266 491 6002

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT					
9a. ORGANIZATION'S NAME					
Foster Golf and Country Club, Inc.					
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME, SUFFIX	
10. MISCELLANEOUS:					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (11a or 11b) - do not abbreviate or combine names					
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
11d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		11e. TYPE OF ORGANIZATION		11f. JURISDICTION OF ORGANIZATION	
				11g. ORGANIZATIONAL ID #, if any	
				☐ NONE	
12. ☐ ADDITIONAL SECURED PARTY or ☒ ASSIGNOR S/P'S Name - insert only <u>one</u> name (12a or 12b)					
12a. ORGANIZATION'S NAME					
Bay Colony Development Corp.					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
1601 Trapelo Road		Waltham		MA	02451
13. This FINANCING STATEMENT Covers ☐ timber to be cut or ☐ as extracted collateral, or is filed as a ☐ fixture filing.		16. Additional collateral description:			
14. Description of real estate:					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
17. Check only if applicable and check only one box. Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate					
18. Check only if applicable and check only one box. ☐ Debtor is a TRANSMITTING UTILITY ☐ Filed in connection with a Manufactured-Home Transaction—effective 30 years ☐ Filed in connection with a Public-Finance Transaction—effective 30 years					