

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional] <b>Adam S. Clavell, Esquire (401) 272-1400 x3055</b>	
B. SEND ACKNOWLEDGMENT TO: [Name and Address]  <b>Shechtman Halperin Savage, LLP 1080 Main Street Pawtucket, RI 02860</b>	

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 <b>OR Antonio DiCicco Revocable Trust-1997</b>				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>5 Garwaine Drive</b>		CITY <b>Lincoln</b>	STATE <b>RI</b>	POSTAL CODE <b>02865</b>
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		1e. TYPE OF ORGANIZATION <b>Trust</b>	1f. JURISDICTION OF ORGANIZATION <b>Rhode Island</b>	
1g. ORGANIZATIONAL ID #, if any				<input checked="" type="checkbox"/> 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 <b>OR</b>				
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				<input type="checkbox"/> 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 <b>OR Rockland Trust Company</b>				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>288 Union Street</b>		CITY <b>Rockland</b>	STATE <b>MA</b>	POSTAL CODE <b>02703</b>

**4. This FINANCING STATEMENT covers the following collateral:**

All assets of the Debtor, including without limitation all tangible and intangible personal property and all fixtures.

5. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG.UEN <input type="checkbox"/> NON-UCC FILING	
6. <input type="checkbox"/> 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:**

To be filed with the Rhode Island Secretary of State