Ξ								
	0 510 400		MENT.					
		ING STATE	MENI Dack) CAREFULLY					
		ONTACT AT FILER [Op		<del></del>				
Cheryl A. Fallon 401.453.2300								
B. S	END ACKNOWLEDGE	MENT TO: [Name ar	nd Address]					
	Thomas	Lammandin	nor Eog					
' Thomas S. Hemmendinger, Esq. ' Brennan, Recupero, Cascione, Scungio &								
McAllister, LLP								
	362 Broad							
	Providenc	e, RI 02909		4				
	<u> </u>				THE ABOVE SPACE	IS FOR F	ILING OFFICE US	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names     Ta. ORGANIZATION'S NAME								
OR	Pinehurst G	olf Course, Inc						
20	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
25	Pinehurst Dr	ive		Carolina		RI	02812	USA
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND DEBTOR 16. TYPE OF ORGANIZATION CORPORATION				11. JURISDICTION OF ORGANIZATION		1	NIZATIONAL ID #, if any	
				Rhode Island		117642		
2. At	DITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - Insert only one debtor name (2s or 2b) - do not abbreviate or combine names  2s. ORGANIZATION'S NAME							
OR								
	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLEN	AME	SUFFIX
2c. M	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
		T	La sussaciona marina	A. 11/2021671631	OF THE PROPERTY OF THE PROPERT		0.000011747501111701111701111701111701111701111701111701111701117011170111701111701111701111701111701170111701117011170111701117011170111701117011170111701117011170117	
N	X ID #: SSN OR EIN OT REQUIRED IN HODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF ORGANIZATION		2g. UHGA	NIZATIONAL ID #, if any	☐ NON
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)								
38. ORGANIZATION'S NAME								
QΒ	WEBSTER BANK, NATIONAL ASSOCIATION			FIRST NAME		MIDDLE NAME		SUFFIX
	35. INDIVIDUAL'S LAST NAME			THE COURT		INDUCE (IAME		John
	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
			: Special Assets	Kensingto	<u>n</u>	СТ	06037	USA
4. Th	is FINANCING STATEMI	ENT covers the following t	collateral:					
			rty and fixtures, now					
			an interest, whether r					
all proceeds and products thereof: inventory, equipment, fixtures, accounts, general intangibles, chattel paper, instruments, documents, deposit accounts, letter-of-credit rights, investment property, and all books and records								
relating to any of the foregoing.								
	0 ,							
To	he filed with	the Secretary	of State for the State	of Rhode Is	land			
	, co moa man	ino occionary		0.7.1.1040.12				
5. Al	TERNATIVE DESIG	GNATION [il applicable	LESSEELESSOR CONS	IGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER AGLIEN NON-UCC FILING			
6. [	4	EMENT is to be filed [for a Atlach Addendum   [if ap	record] (or recorded) in the REAL		7. TO REQUEST A SEARCH REPORT, FILE A UCC11			
8. OF	PTIONAL FILER RE		human	<u> </u>	<u></u>			

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