UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME 8 PHONE OF CONTACT AT FILER [Optional] David C. Kmetz, VP (401)-348-1216 B. SEND ACKNOWLEDGMENT TO: [Name and Address]	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY a. NAME & PHONE OF CONTACT AT FILER (Optional) David C. Kmetz, VP (401)-348-1216	
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A. NAME & PHONE OF CONTACT AT FILER (Optional) David C. Kmetz, VP (401)-348-1216	
David C. Kmetz, VP (401)-348-1216	
B. SEND ACKNOWLEDGMENT TO: [Name and Address]	
The Washington Trust Company	
Commercial Lending 23 Broad Street	
Westerly, RI 02891	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	MT:-
ta. INITIAL FINANCING STATEMENT FILE# #000588 1b	EAL.
2. ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) if the Secured Party authorizing this Termination Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	_
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This amendment affects Debtor or Secured Party of record. Check only one of these two boxes.	-
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item in 7a or 7b, and item 7c; also complete items 7d-7g (if approximately 1) in item 7c.	also cable).
6. CURRENT RECORD INFORMATION:	
Berube Enterprises, Inc.	
OR 65 INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
OB 75. INDIVIDUAL'S LAST NAME FIRST NAME SUFFD.	
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUN	RY
53 Water Street New Shoreham RI 02807 US.	١
7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND RECORDANIZATION DEBTOR ROOF ORGANIZATION TO TRUBE ISLAND ROOF ORGANIZATION ROOF ROOF ORGANIZATION ROOF ROOF ROOF ROOF ROOF ROOF ROOF RO	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	
Describe collateral deleted added, give billula reclated collateral	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this an Assignment). If this is an Amendment authorized by a Debtor wha	adds r
collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. See ORGANIZATION'S NAME	
The Washington Trust Company	
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFI	
10. OPTIONAL FILER REFERENCE DATA #7000530	