			=					
			MENT AMENDMI	ENT				
		CONTACT AT FILER [O	back) CAREFULLY		1			
1	athv S. O'Nei		•					
B. 9	END ACKNOWLEDG		and Address]		1			
	BankNew	roort						
		Main Road						
	Middletov	vn, RI 02842						
					THE ABOVE SPACE	IS END E	II ING OFFICE HS	E ONLY
1a. INITIAL FINANCING STATEMENT FILE#					THE ABOVE SPACE	1b. THI	FINANCING STATEMEN	T AMENDMENT is
200603815050					- ·	to b	e filed [for rocord] (or reco TATE RECORDS.	rded) in the REAL
2. 🔽	TERMINATION: 1	Effectiveness of the Finan	cing Statement identified above is ter	rminated with res	pect to security interest(s) if the Secure	d Party authori	zing this Termination State	ment.
3.		Effectiveness of the Finitional period provided by		th respect to secu	urity interest(s) of the Secured Party aut	horizing this C	ontinuation Statement is	
4.	ASSIGNMENT (fu	Il or partial): Give name o	of assignee in item 7a or 7b and addre	ess of assignee in	item 7c; and also give name of assign	or in item 9.		
5. Al	MENDMENT (PAR	ry information)	This amendment affects Debtor	or Secured	Party of record. Check only one of the	ese two boxes.		
Als			ovide appropriate information in items ecord name in item 6a or 6b; also give		DELETE name: Give record name	☐ ADI	name: Complete item in	7a or 7b, and also
	name (if name change) in item 7a or 7b and/or	new address (if address change) in it	tem 7c.	to be deleted in item 6a or 6b.	iten	7c; also complete items 7	d-7g (if applicable).
6. C	URRENT RECORD 6a. ORGANIZATION'S							
<u>or</u>								
	6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
7. ÇI		R ADDED INFORM	IATION:					
	7a. ORGANIZATION'S NAME							
<u>OR</u>	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		
		en e	STATE POSTAL CODE COUNTRY					
7c. MAILING ADDRESS				Cit		SIAIE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN			7f, JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any			
A	HODE ISLAND	DEBTOR	1			<u> </u>		NONE
	` <u></u> -	LATERAL CHANGE eleted or added,	 check only <u>one</u> box. or give entire restated colla 	teral description,	or describe collateral assigned.			
	1) 1990 Brow	nell Hydraulic	Boat Hauling Trailer	#3109590)2			
								
					me of assignor, if this an Assignment). d enter name of DEBTOR authorizing to			Debtor which adds
	9a. ORGANIZATION'S							
<u>or</u>	BankNewport P.O. Box 450 Newport, RI 02846						AND	
	96. INDIVIDUAL'S LA	SINAME		FIRST NAM	E	MIDDLE	AME	SUFFIX
		REFERENCE DATA		1				
□	& R Marine	Inc DOB	lov 187 Newbort RI	028 <u>4</u> 0				