LLOW INSTRUCTIONS NAME & PHONE OF C Kyle J. Popiolek (40	G STATEMENT S (front and back) CAREFULLY CONTACT AT FILER [optional] 1) 348-1200 x1196 SMENT TO: (Name and Address)				
Attn: Con 23 Broad	ington Trust Company sumer QC Street - 3rd Floor RI 02891				
		THE ABOVE S	SPACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT F	FULL LEGAL NAME - insert only <u>one</u> debtor name (1a one)	or 1b) - do not abbreviate or combine names			
HR Technology S	Solutions, Inc			<u></u>	
1b. INDIVIDUAL'S LAST	NAME	FIRST NAME			SUFFIX
MAILING ADDRESS		СІТУ	STATE	POSTAL CODE	COUNTRY
Richmond Square,		Providence	RI 10 OPG	02906	USA
SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any		X
R 2b. INDIVIDUAL'S LAST	NAME	FIRST NAME			SUFFIX
: MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTR
SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
	S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3	Bb)		
3a. ORGANIZATION'S I		FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
The Washington					
The Washington			STATE	POSTAL CODE	COUNTR
The Washington		CITY			
The Washington 3b. INDIVIDUAL'S LAST c. MAILING ADDRESS 23 Broad Street This FINANCING STATEN All inventory, equip	MENT covers the following collateral: ment, accounts (including but not limited omissory notes), letter-of-credit rights, lett	Westerly	es), chattel	02891	USA s (including