



RISER STATE
DIVISION

2002 SEP 12 PM 3:13

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Gregory Skoutas, Newport Federal Savings Bank 100 Bellevue Avenue, P.O. Box 210 Newport, Rhode Island 02840

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 BOOTH & ADAMS			
OR			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 19 FREEBORN STREET		CITY NEWPORT	STATE RI
		POSTAL CODE 02840	COUNTRY USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION General Partners	1f. JURISDICTION OF ORGANIZATION Rhode Island
			1g. ORGANIZATIONAL ID #, if any <input 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			
OR			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	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 NEWPORT FEDERAL SAVINGS BANK			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 100 BELLEVUE AVENUE, P.O. BOX 210		CITY NEWPORT	STATE RI
		POSTAL CODE 02840	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral: All of the following, with respect to real estate of Debtor, located at 7 and 9-11 Broadway, Newport, Rhode Island (the "Property"), and all proceeds and products thereof: a) all leases, subleases, tenancies and other agreements with respect to the Property, together with all renewals or extensions thereof, and all substitutions therefor, whether now or hereafter existing, (b) rents and other payments due or payable or to become due and payable to Debtor as the result of any use, possession or occupancy of any portion of the Property, and (c) all right, title and interest of Debtor in and to any and all guaranties for the foregoing.

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. LIEN <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. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA			

Secretary of State re: Rhode Island

NJM