

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional] Cheryl A. Fallon (401) 453 2300	
B. SEND ACKNOWLEDGMENT TO: [Name and Address] Thomas S. Hemmendinger, Esq. Brennan, Recupero, Cascione, Scungio & McAllister, LLP 362 Broadway Providence, RI 02909	

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 OR BERKLEY DESIGN CO LLC				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 650 Washington Highway		CITY Lincoln	STATE RI	POSTAL CODE 02865
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		1e. TYPE OF ORGANIZATION Ltd liability company	1f. JURISDICTION OF ORGANIZATION Rhode Island	1g. ORGANIZATIONAL ID #, if any 116698 ☐ 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
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any ☐ 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 OR Navigant Credit Union				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1005 Douglas Pike, Attn: Commercial Lending		CITY Smithfield	STATE RI	POSTAL CODE 02917-1206

4. This FINANCING STATEMENT covers the following collateral:

All of the following, now owned and hereafter acquired by Debtor or in which Debtor has or may hereafter acquire an interest, whether now existing or hereafter arising, and all modifications thereof and substitutions therefor, and all proceeds and products thereof: (a) all contracts by and between Debtor and any other party for such party's provision of services, labor, plans, or materials in any way related to the development, improvement, and operation of Dade Road, West Road, Hickory Road and Oxford Road, Cumberland, Rhode Island, (including all present and future buildings, structures and other improvements, the "Property"); (b) all licenses, permits, approvals, agreements, waivers, orders, authorizations or conditions relative to development, improvement, and operation of the Property; (c) all plans and specifications, studies, reports, drawings and other documents related to the Property; (d) all warranties, guaranties and bonds with respect to the Property; and (e) all books and records relating to any of the foregoing.

To be filed with the Secretary of State for the State of Rhode Island

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA: