

## 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]  Benjamin M. Scungio, 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				
1b. INDIVIDUAL'S LAST NAME Bessette		FIRST NAME Richard		MIDDLE NAME B.
1c. MAILING ADDRESS 8 North Hereford Drive		CITY Cumberland		STATE RI
				POSTAL CODE 02864
				COUNTRY USA
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input checked="" 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 NOT REQUIRED IN RHODE ISLAND	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				
OR				
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
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All of the following now or hereafter located at, used at, or arising out of or otherwise in respect of property commonly known as Dade Road, West Road, Hickory Road and Oxford Road (Ashton Woods), Cumberland, Rhode Island (the "Premises"), and all proceeds and products thereof: (a) all accounts, leases, subleases, tenancies and other agreements, together with all renewals or extensions thereof, and all substitutions therefor, (b) all rents and other payments or accounts due as the result of any use, possession or occupancy of any portion of the Premises, and/or as the result of any services or amenities provided at the Premises, (c) all supporting obligations and collateral for any of the foregoing, (d) all inventory, equipment, fixtures, oil, gas and other mineral rights, and water rights, (e) all plans and specifications, drawings, reports, studies, licenses, permits, approvals and contracts, and (f) all books and records relating to any of the foregoing.

To be filed with the Secretary of State's Office for the State of Rhode Island

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. TO REQUEST A SEARCH REPORT, FILE A UCC11
8. OPTIONAL FILER REFERENCE DATA:	