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11:	CC FINANC	ING STATE	MENT					
			I back) CAREFULLY					
	NAME & PHONE OF C							
В.	Jeffrey M. Gibs		and Address					
			,	<u> </u>				
1	RODIO &	URSILLO, LT	רח	[]				
	86 Weybo	osset Street	<i>D</i> .					
	Providend	ce, RI 02903						
1.	DERTOR'S EYACT E	INTEGAL MANAGE			THE ABOVE SPACE	E IS FOR	FILING OFFICE U	SE ONLY
	III. ONGANIZATION S	NAME	- insert only one debtor name (1a or	tb) - do not abbrevi	ate or combine names			
98	Northeast Engineers and Consultants, Inc.			FIRST				
			FIRST NAME		MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS 55 John Clarke Road				CITY Middletown		STATE	POSTAL CODE	COUNTRY
1d. T	FAX ID #: SSN OR EIN NOT REQUIRED IN	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION		RI 1g. ORG	US 02842 US ORGANIZATIONAL ID #, if any	
RHODE ISLAND DEBTOR COrporation 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one del				Rhode Island		42846 NON		
Z. A	2a. ORGANIZATION'S	NAME	EGAL NAME: - insert anly one de	ebtor name (2a or 2b) - do not abbreviate or combine n	ames		
ΩR	CIE INDIVIDUALIST ACT MALE			T				
	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 26. TYPE OF ORGANIZATION				2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
R	OT REQUIRED IN HODE ISLAND	ORGANIZATION DEBTOR				2g. OHG/	ANIZATIONAL IU #, it any	MONE
3. SI	ECURED PARTY'S I 3a. ORGANIZATION'S I	NAME: (or NAME of T	OTAL ASSIGNEE of ASSIGNOR S/P)	- insert only one sec	cured party name (3a or 3b)			
QB	SOVEREIGN BANK							
	3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIODLE NAME		SUFFIX
	3c. MAILING ADDRESS				CITY		POSTAL CODE	COUNTRY
One Financial Plaza 4. This FINANCING STATEMENT covers the following collateral:				Providence		RI	02903	USA
All Ed	Accounts, Ch	lattel Paper, C ires, General	Commercial Tort Clair Intangibles, Goods, I	ns, Consum	er Goods, Deposit	Accour	nts, Documents	,
1.71	grito, books an	ia recorus; su	pporting obligations:	contract rial	nts or rights to the r	avmen	t of manay trac	domorko
೨೮	i vice maiks, u	aue names, ii	censes, copyrights, p	atents and	trade secrets: notic	hne sai	certificator of i	nouronce
or	other property	payable to be : federal. state	ebtor or rights of Debt e and local tax refund	ior under or Is and/or ab	with respect to any	such ir	nsurance; mone	ey, cash
ĊH	uueu, no matt	# HOW OF MUG	n arisina, includina, t	out not limite	ad to lany carryhad	ctay rai	fundo: all liana	
yu	arantees, ngm	is, remedies a	ind privileges pertain	ina to anv o	f the foregoing, incl	udina ti	ha right of stan-	page in
na	med or in which	thurncipal, sta	ite or federal licenses has or may hereafte	s and permi er have an ir	ts on which Debtor hterest: and all Proc	ei won	or may hereafte	er be
					, which dir , 100		any or the lore	gonig.
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AGLIEN NON-UCC FILING								CC FILING
ð. 🔲	This FINANCING STATES ESTATE RECORDS. A	MENT is to be tiled [for retained the mean of the mean	ecord] (or recorded) in the REAL blicable]		7. TO REQUEST A SEAF			
3 AB	TIONAL FILER REF							