[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]
B. Clarkson Schoettle

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

PPS Revolving Fund, Inc.
24 Meeting Street
Providence RI 02903

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
Patterson Park Partners, LLC

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
222 Jefferson Boulevard, Suite 200	Warwick	RI	02888	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
		LLC	Rhode Island	151781 ☐ 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
Miller	Joshua		

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
41 Talbot Manor	Cranston	RI	02905	USA

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
				☐ 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
Providence Preservation Society Revolving Fund, Inc.

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24 Meeting Street	Providence	RI	02903	USA

4. This FINANCING STATEMENT covers the following collateral:

Two outside signs for Local 121 restaurant at 121 Washington Street, Providence, RI; one 3' x 5' and one 3' x 3' square

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:
Local 121 at the Dreyfus Hotel, 121 Washington Street

FILING OFFICE COPY— RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/01/06)

11641-1-0

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
Uniform Commercial Code Section
148 W. River Street
Providence, Rhode Island 02904-2615
(401) 222-3040

UCC FEE SCHEDULE

HOURS FOR FILING: 8:30 a.m. to 4:30 p.m.

FILING FEES: Filings must be communicated in writing and will not be accepted unless accompanied by the filing fee. Checks are to be made payable to the Secretary of State.

UCC-1	$16.00 1 or 2 pages
	$32.00 more than 2 pages
UCC-3 Continuation	$16.00 1 or 2 pages
	$32.00 more than 2 pages
UCC-3 Assignment	$16.00 1 or 2 pages
	$32.00 more than 2 pages
UCC-3 Amendment	$16.00 1 or 2 pages
	$32.00 more than 2 pages
UCC-3 Termination	$16.00 1 or 2 pages
	$32.00 more than 2 pages
UCC-11 Information Request	$ 5.00
Certification of Record	$ 5.00 plus $.15 per page
Copies of UCC Records	$ .15 per page

FILING: If Box B on the UCC form is completed, a copy of the filing will be returned. Please include a self-addressed stamped envelope to expedite mailing.

INFORMATION: Information on filings will not be given over the telephone; only general information will be available. Requests for UCC-11 searches will not be accepted via telephone.

FORMS: Rhode Island forms will be accepted as well as the National (statutory) forms. Please carefully review the instruction sheet for each form before completing.