		ING STATE	MENT Dack) CAREFULLY					
A. N	NAME & PHONE OF CO	ONTACT AT FILER [Op	tional]					
В. S	P.O. Box 4	esario, Esquir						
1. DI	1a. ORGANIZATION'S	NAME	insert only one debtor name (1a or			IS FOR I	FILING OFFICE US	ONLY
OR	Applied Investments-Newport, LLC 1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS 360 Thames Street, Unit 4B				CITY Newport		STATE RI	POSTAL CODE	COUNTRY
1d. T/	AX ID #: SSN OR EIN OT REQUIRED IN HODE ISLAND	DIX: SSN OR EIN ADD'L INFO RE TE. TYPE OF ORGANIZATION ORGANIZATION		11. JURISDICTION OF ORGANIZATION Rhode Island		19. ORGANIZATIONAL ID #, if any RI 160832		NONE
2. AI	DDITIONAL DEBTO 2a. ORGANIZATION'S	R'S EXACT FULL LI NAME	EGAL NAME: - insert only one di	ebtor name (2a or 2b) - do not ab	breviate or combine nar	nes		
Y.	25. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME S		SUFFIX	
2c. M.	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
N	AX ID #: SSN OR EIN OT REQUIRED IN HODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF ORGA	INIZATION	2g. ORGA	NIZATIONAL ID #, if any	NONE
3. SI	3a. ORGANIZATION'S	NAME	OTAL ASSIGNEE of ASSIGNOR S/P	- insert only one secured party i	name (3a or 3b)			
QR	The Washington Trust Company 3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
3c. MAILING ADDRESS 23 Broad Street				CITY Westerly		STATE RI	POSTAL CODE 02891	COUNTRY
Al cc ot	l machinery, e ontract rights, r her personal p	rents, proceed	niture, fixtures, inven s from any insurance ntal to and appurten	e claims for casual	ty or property	damag	jes, and any an	d all

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