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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Stephen G. Soscia 63 Pojac Point Rd N. Kingstown, RI 02852

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # RI SOS Filing Number 200401004070 2/12/2004	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>			
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.				
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.				
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).				
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME Mutual Properties 1565 Post LLC				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME SUFFIX			
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME SUFFIX			
7c. MAILING ADDRESS One James P. Murphy Highway, Suite 200 West Warwick RI 02893 USA				
7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	7e. TYPE OF ORGANIZATION limited liability company	7f. JURISDICTION OF ORGANIZATION Rhode Island	7g. ORGANIZATIONAL ID #, if any 137671	<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME Randolph Savings Bank			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME <i>Michael P</i>	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA