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		ING STATE	MENT Dack) CAREFULLY						
_		ONTACT AT FILER IOD		<u>-</u>					
Lĸ	risten Blaquie	ere (401) 861	-8200 KL&@PE	BHCOU					
8.	SEND ACKNOWLEDG	MENT TO: [Name ar	nd Address]	-					
Kristen Blaquiere					e e				
	Partridge	Snow & Hahn	LLP						
		n Main Street ce, RI 02903							
	TOVIGOR	je, 141 02505	•	_					
					THE ABOVE SDACE	IS END S	III ING OFFICE HE	= ONLV	
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									
QR	Rhode Island Economic Development Corporati			FIRST NAME		MIDDLE NAME		SUFFIX	
								501751	
	IAILING ADDRESS	Way, Suite 10	1	Providen	CO.	STATE	POSTAL CODE 02908	COUNTRY	
1d. T.	AX ID #: SSN OR EIN	ADD'L INFO RE	1e TYPE OF ORGANIZATION		ON OF ORGANIZATION		NIZATIONAL ID #, if any	USA	
R	NOT REQUIRED IN ORGANIZATION DESTOR General Assembly			Rhode Island				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]									
QB									
	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX	
2c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY		
	······································								
N	LX ID #: SSN OR EIN OT REQUIRED IN HODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	26. TYPE OF ORGANIZATION	21. JURISDICTIO	N OF ORGANIZATION	2g. ORGAI	NIZATIONAL ID #, if any	NONE	
3. SI	ECURED PARTY'S	NAME: (or NAME of TO	DTAL ASSIGNEE of ASSIGNOR S/P)	insert only one se	cured party name (3a or 3b)				
	l	enk of America, N.A.							
QB	30. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX	
20 M	. MAILING ADDRESS			CITY					
111 Westminster Street				Providence		RI	POSTAL CODE 02903	USA	
4. Th	IS FINANCING STATEMS	ENT covers the following o	ollateral:				,		
the Act to Acc of su co ca	e State of Rho Iministration, a Debtor thereu greement, wht June 28, 200 bsequent or s ntract rights s sh proceeds r	ode Island, the and the Debtor ander, and all cher now owned by and amon accessor escret forth therein received by De	n Payment Agreement General Treasurer of , all rights and contra- ash or non-cash proof d or existing or hereat g the Debtor, MTRI, low agreement replac- of whatever nature, a btor pursuant to such d in the Security Agre	f the State act rights seeds received fter acquire line, and Ching or subsall payment Escrow A	of Rhode Island, the et forth therein of wh ived by Debtor pursu ed; and (ii) that certa nicago Title Insurand stituting for such Esc ts due to Debtor the greement, whether r	Rhode atever ruant to sain Escre ce Comprow Agrow Agrow Agrow own	Island Department of the control of	nent of ents due dated as ats and or non-	
Se	cured Party.	., F.				. J., mai		.a.voi 01	
5. AL	TERNATIVE DESIG	SNATION (if applicable):	LESSEE/LESSOR CONSIG	NEE/CONSIGNOF	BAILEE/BAILOR SELLER/BUYER AG.LIEN NON-UCC FILING				
This FINANCING STATEMENT is to be fied [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]					7, TO REQUEST A SEARCH REPORT, FILE A UCC11				
	TIONAL FILER HE	FERENCE DATA:							