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### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>ANNETTE SMITH 401-729-5786  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>PAWTUCKET CREDIT UNION<br>1200 CENTRAL AVE<br>PAWTUCKET, RI 02861<br>ATTN: LOAN SERVICING DEPT |

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                                    |   |                          |  |
| OR 1b. INDIVIDUAL'S LAST NAME<br>HOPPER                    | FIRST NAME<br>STANLEY                   | MIDDLE NAME<br>WAYNE     | SUFFIX   |
| 1c. MAILING ADDRESS<br>9 SANDRA CIR                        | CITY<br>COVENTRY                        | STATE<br>RI              | POSTAL CODE<br>02816   |
| 1d. TAX ID # SSN OR EIN<br>NOT REQUIRED IN<br>RHODE ISLAND | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION                                 |
|  |   |                          | 1g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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<br>HOPPER                    | FIRST NAME<br>GAIL                      | MIDDLE NAME<br>LOUISE    | SUFFIX   |
| 2c. MAILING ADDRESS<br>9 SANDRA CIR                        | CITY<br>COVENTRY                        | STATE<br>RI              | POSTAL CODE<br>02816   |
| 2d. TAX ID # SSN OR EIN<br>NOT REQUIRED IN<br>RHODE ISLAND | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION                                 |
|  |   |                          | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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<br>PAWTUCKET CREDIT UNION |                   |             |                      |
| OR 3b. INDIVIDUAL'S LAST NAME                     | FIRST NAME        | MIDDLE NAME | SUFFIX               |
| 3c. MAILING ADDRESS<br>1200 CENTRAL AVE           | CITY<br>PAWTUCKET | STATE<br>RI | POSTAL CODE<br>02861 |
| COUNTRY<br>USA                                    |                   |             |                      |

4. This FINANCING STATEMENT covers the following collateral:

PROPERTY: 9 SANDRA CIR, COVENTRY, RI 02816

YEAR: 1994  
 MAKE: COMMODORE (MANUFACTURED HOME)  
 MODEL: CAMBRIDGE  
 SERIAL # CS27386AB

INCLUDES BUT IS NOT LIMITED TO FIXTURES, ADDITIONS AND DELETIONS TO ABOVE UNIT.

|   |               |                     |   |              |          |                |
|---|---------------|---------------------|---|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]  | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR   | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum |               |                     | 7. TO REQUEST A SEARCH REPORT, FILE A UCC11 [if applicable] |              |          |                |
| 8. OPTIONAL FILER REFERENCE DATA  |               |                     |   |              |          |                |



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### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                         |                            |            |                     |
|-------------------------|----------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME |                            |            |                     |
| OR                      | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
|                         | HOPPER                     | STANLEY    | WAYNE               |

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|  |                                   |                           |                                   |                                  |                               |
|--|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|-------------------------------|
| 11a. ORGANIZATION'S NAME                               |                                   |                           |                                   |                                  |                               |
| OR   | 11b. INDIVIDUAL'S LAST NAME       | FIRST NAME                | MIDDLE NAME                       | SUFFIX                           |                               |
| 11c. MAILING ADDRESS                                   |                                   | CITY                      | STATE                             | POSTAL CODE                      | COUNTRY                       |
| 11d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                          |                             |            |             |             |         |
|--------------------------|-----------------------------|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME |                             |            |             |             |         |
| OR                       | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
| 12c. MAILING ADDRESS     |                             | CITY       | STATE       | POSTAL CODE | COUNTRY |

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:

9 SANDRA CIR  
COVENTRY, RI 02816

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

WW III DEVELOPMENT INC  
1A LIENA ROSE WAY  
COVENTRY, RI 02816

16. Additional collateral description:

17. Check only if applicable and check only one box.  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction — effective 30 years  
 Filed in connection with a Public-Finance Transaction — effective 30 years