

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Gerri Lyons (401)456-5000, ext 1532</b>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Bank Rhode Island P.O. Box 9488 Providence, RI 02940-9488 ATTN: Small Business Lending</b>	

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 <b>TEODORO EQUIPMENT MAINTENANCE CORPORATION</b>				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>87 Green Lane Road</b>		CITY <b>Rumford</b>	STATE <b>RI</b>	POSTAL CODE <b>02916</b>
				COUNTRY <b>USA</b>
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Corporation</b>	1f. JURISDICTION OF ORGANIZATION <b>Rhode Island</b>	1g. ORGANIZATIONAL ID #, if any <b>154388</b>
				<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		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				<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 <b>Bank Rhode Island</b>				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>P. O. Box 9488</b>		CITY <b>Providence</b>	STATE <b>RI</b>	POSTAL CODE <b>02940-9488</b>
				COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:

**All the Debtor's personal property including, without limitation, all goods (including inventory, equipment and fixtures), accounts, instruments, documents, letters of credit, chattel paper, marketable securities and other such investment property, general intangibles, tort claims, insurance claims and deposit accounts (excluding IRA, Keogh, payroll and trust accounts), wherever located and whether now owned or hereafter acquired, and any and all proceeds of any of the foregoing.**

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. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)	All Debtors	Debtor 1	Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

**Secretary of State, Rhode Island**