

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Greg Skoutas - 401-847-5500

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Newport Federal Savings Bank
100 Bellevue Avenue, P.O. Box 210
Newport, Rhode Island
02840
Attn: Greg Skoutas**

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 Hanley	FIRST NAME William	MIDDLE NAME A.	SUFFIX
---	------------------------------	--------------------------	--------

1c. MAILING ADDRESS
51 Franklin Street

CITY Warren	STATE RI	POSTAL CODE 02885	COUNTRY USA
-----------------------	--------------------	-----------------------------	-----------------------

1d. TAX ID#: SSN OR EIN	ADD'NL INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL I.D.#, if any
				<input checked="" 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 Hanley	FIRST NAME Gabrielle	MIDDLE NAME F.	SUFFIX
---	--------------------------------	--------------------------	--------

2c. MAILING ADDRESS
51 Franklin Street

CITY Warren	STATE RI	POSTAL CODE 02885	COUNTRY USA
-----------------------	--------------------	-----------------------------	-----------------------

2d. TAX ID#: SSN OR EIN	ADD'NL INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL I.D.#, 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
Newport Federal Savings Bank

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------------	------------	-------------	--------

3c. MAILING ADDRESS
100 Bellevue Avenue, P.O. Box 210

CITY Newport	STATE RI	POSTAL CODE 02840	COUNTRY USA
------------------------	--------------------	-----------------------------	-----------------------

4. This FINANCING STATEMENT covers the following collateral:

All personal property of the Debtor respecting that certain parcel of land located at the address listed below and the structures and improvements now or hereafter thereon located, as more particularly described in Exhibit A attached hereto (the "Property"), together with: (i) all rights now or hereafter existing, belonging or pertaining thereto; (ii) the following categories of assets as defined in Revised Article 9 of the Uniform Commercial Code: goods (including inventory, equipment and any accessions thereto), instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles (including payment intangibles and software), supporting obligations and any and all proceeds of any thereof, whether now owned or hereafter acquired, that are located on or used in connection with the Property and any records, substitutions, replacements, accessions, products and proceeds of any of the foregoing; (iii) all judgments, award of damages and settlements hereafter made as a result or in lieu of any taking respecting the Property; (iv) all of the rights and benefits of Debtor under any present or future leases and agreements relating to the Property, or the use or occupancy thereof together with any extensions and renewals thereof; and (v) all contracts, permits and licenses respecting the use, operation or maintenance of the Property.

Property Address: **51 Franklin Street, Warren, Rhode Island 02885**

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
To be filed with: **Rhode Island Secretary of State**

EXHIBIT A
LEGAL DESCRIPTION

All that certain lot or parcel of land, together with the buildings and improvements thereon, situated in the Town of Warren, County of Bristol and State of Rhode Island, bounded and described as follows:

Beginning at the said southeasterly corner of Franklin Street and Massasoit Avenue, said point of beginning being the northwesterly corner hereof; thence easterly bounding northerly on said Franklin Street One Hundred Sixteen and $\frac{1}{10}$ (116.1) feet to land now or formerly of Proprietors Warren South Burial Ground; thence southerly bounding easterly on said last named land One Hundred Sixty-four and $\frac{7}{10}$ (164.7) feet to land now or formerly of Robert L. Remy and Janet L. Remy; thence westerly bounding southerly on said Remy land One Hundred Sixteen (116) feet to said Massasoit Avenue; thence northerly bounding westerly on said Massasoit Avenue One Hundred Fifty-nine and $\frac{8}{10}$ (159.8) feet to said Franklin Street at the point of beginning.

BE ALL said measurements more or less or however otherwise the same may be bounded and described.

BEING designated as Lot 4 on Plat 14 of the Warren Tax Assessor's Plats as presently constituted, for reference purposes only.

BEING the same premises conveyed to these mortgagors by deed of Monique Paquin dated November 20, 1982 and recorded in Book 124 at Page 739 of the Warren Land Evidence Records.