

RECEIVED

	SECRETARY OF STATE		
* U C C 3 * UCC FINANCING STATEMENT AMENDMEN	903 FEB -3 AM 11: 59		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	 2-3√3		
The state of Control At The Riphonal			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Three Dog Venture Group LLC	7		
982 Frenchtown Rd			
East Greenwich RI 02818			
A. MITH FINANCING CTATTUTE TO G II	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	
18. INITIAL FINANCING STATEMENT FILE # 005800		to be filed [for record] (or recorde	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	REAL ESTATE RECORDS. Secured Party authorizing this Termination	Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured	Party authorizing this Continuation States	ment is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	dress of assignee in item 7c; and also give name of a	assignor in item 9.	
	tor or Secured Party of record. Check only on		
Also check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Give current record name in item 6a or 6b; also		ADD name: Complete item 7a or	7h and also
name (if name change) in item 7a or 7b and/or new address (if address change) i 6. CURRENT RECORD INFORMATION:	n item 7c. to be deleted in item 6e or 6b.	item 7c; also complete items 7d-7	a (if applicable).
6a, ORGANIZATION'S NAME			
Three Dog Venture Group LLC OB 65. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Loueny
OS. INSTRIBUTE O ENGINANCE	PING HOWIE	MIDDLENAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		1	<u> </u>
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u> </u>
NOT REQUIRED IN ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): checkonlyone box.			
Describe collateral deleted or added, or give entire restated collateral	description, or describe collateralassigned.		
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 and enter name of DEBTOR authorizing this Amendment.			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 9a. ORGANIZATION'S NAME	y a Leotor, check here and enter name of DEBT	UK authorizing this Amendment.	
Washington Trust Co			
9b. INDIVIDUAL'S LAST NAME Degiacomo	FIRST NAME Gina	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	Gilla	<u> </u>	
Three Dog Venture Group LLC 131002658 01/14	4/02		