FOL A. N	LOW INSTRUCT	ING STATE FIONS (front and I ONTACT AT FILER [OP en, Esq. 401-8	back) CAREFULLY					
	Richard M Burns & L One Citize Suite 110	MENTTO: [Name ar 1. Coen, Esq. .evinson LLP ens Plaza			THE ABOVE SPACE	CE IS FOR F	ILING OFFICE USI	E ONLY
1. D!	1a. ORGANIZATION'S	NAME	- insert only one debtor name (1a or	1b) - do not abbrevia	te or combine names			
QR	Eric Goetz C	Custom Sailboa	ats, Inc.	FIRST NAME		MIDDLE NAME		SUFFIX
	AILING ADDRESS Broad Comn	non Road		сіту Bristol			POSTAL CODE 02809	COUNTRY
N	1d. TAX ID #: SSN OR EIN NOT HEQUIRED IN NOT HEQUIRED IN HHODE ISLAND DEBTOR COrporation			1f. JURISDICTION OF ORGANIZATION Rhode Island		1g. ORGANIZATIONAL ID #, if any 11399		☐ NON
2. A	DITIONAL DEBTO 2a. ORGANIZATION'S		EGAL NAME: - insert only one de	btor name (2a or 2b)	- do not abbreviate or combine	a names		
QR	2b. INDIVIDUAL'S LAS	b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	
2c. M.	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN ORGANIZATION DEBTOR			21. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		□ non	
3. SI	CURED PARTY'S 3a. ORGANIZATION'S		OTAL ASSIGNEE of ASSIGNOR S/P	- insert only one sec	cured party name (3a or 3b)			
OR	VC Land, Ll	_C						-T
	3b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
	AILING ADDRESS	mon Poad		Bristol		STATE RI	POSTAL CODE 02809	COUNTRY
	Broad Comr is FINANCING STATEM	ENT covers the following	collateral:	Distoi		T (XI	02000	100/
Se	ee Exhibit A. nis financing s	statement is file Section 6A-9-5	ed in connection with 15(b), and therefore	a "public fir is effective f	nance transaction for a period of 30	" pursuant years afte	to Rhode (slar r the date of fili	nd ng.
Ti G	eneral Laws S							
Ti	eneral Laws S							
G	TERNATIVE DESI		e): LESSEE/LESSOR CONS	signee/consignol	R BAILEE/BAILOR S			CC FILING

υC	C FINANCING STATE	MENT ADDENDU	М					
	LOW INSTRUCTIONS (front and							
9. N	NAME OF FIRST DEBTOR (1a or 1b) (9a. ORGANIZATION'S NAME	ON RELATED FINANCING ST	ATEMENT	į				
00	Eric Goetz Custom Sailbo	ats, Inc.]				
<u>OR</u>	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
_								
10.	MISCELLANEOUS:							
					40F 16 F	OR FILING OFFICE	E LISE ONLY	
11 0	ADDITIONAL DEBTOR'S EXACT FULL	LEGAL NAME , insect only one to	ame (11a or 11b) - do not abbr		ACE IS IT	ON FIEING OFFICE	OOL ONL	
11. 4	11a. ORGANIZATION'S NAME	ELGAL IVANIE - Wood only gag to						
OR							SUFFIX	
	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUPPIX	
11c. N	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
	1.000 000 00	THE OF OPONIUM TATION	145 HIRISDICTION OF OF	CANIZATION	1to OBGA	NIZATIONAL ID #, if any	<u> </u>	
N	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		NONE			
	ADDITIONAL SECURED PARTY or	ASSIGNOR S/P'S Name - in	nsert only one name (12a or 12	2b)	,			
	12a. ORGANIZATION'S NAME							
OR	126. INDIVIDUAL'S LAST NAME	OF INDIVIDUALS LAST NAME			MIDOLE NAME SUFFIX		SUFFIX	
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
40.	This FINANCING STATEMENT Coverstin	phor to be out or as extracted	16. Additional collateral of	description:				
13.	collateral, or is filed as a fixture filling.	The to be cut of as extracted						
14,	Description of real estate:							
15 (Name and address of a RECORD OWNER o	ahove-described real estate						
	(if Debtor does not have a record interest):							
		17. Check only if applica	able and check only one	box.	held in trust or Do	cedent's Estate		
		Debtor is a Trust or	***************************************		Their in their on			
		18. Check only if applica Debtor is a TRANSN		DUA.				
		Filed in connection with a Manufactured-Home Transaction—effective 30 years						
			Filed in connection with a Public-Finance Transaction—effective 30 years					

Exhibit A

All property, whether real or personal, leased by VC Land, LLC to Eric Goetz Custom Sailboats, Inc. from time to time, and any and all proceeds thereof.