

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |  |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [Optional]<br>Loan Operations 508-946-8770   |  |
| B. SEND ACKNOWLEDGMENT TO: [Name and Address]<br><br>Rockland Trust Company<br>Loan Operations<br>8A Station Street<br>Middleboro, MA 02346<br>email- loanoperatinos@rocklandtrust.com |  |

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<br>Pentecostal Church-House of Prayer |  |   |  |  |
| 1b. INDIVIDUAL'S LAST NAME                                    |  | FIRST NAME                              | MIDDLE NAME                                  | SUFFIX   |
| 1c. MAILING ADDRESS<br>14 Chapel Street                       |  | CITY<br>Central Falls                   | STATE<br>RI                                  | POSTAL CODE<br>02863                             |
| 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<br>corporation      | 1f. JURISDICTION OF ORGANIZATION<br>Rhode Island |
|   |  |   | 1g. ORGANIZATIONAL ID #, if any<br>000044978 | <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                                     |  |   |                                 |                                  |
| 2b. INDIVIDUAL'S LAST NAME                                  |  | FIRST NAME                              | MIDDLE NAME                     | SUFFIX                           |
| 2c. MAILING ADDRESS   |  | CITY                                    | STATE                           | POSTAL CODE                      |
|   |  |   |                                 | COUNTRY                          |
| 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 | <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>Rockland Trust Company |  |                    |             |                      |
| 3b. INDIVIDUAL'S LAST NAME                        |  | FIRST NAME         | MIDDLE NAME | SUFFIX               |
| 3c. MAILING ADDRESS<br>P.O. Box 32                |  | CITY<br>Middleboro | STATE<br>MA | POSTAL CODE<br>02346 |
|   |  |                    |             | COUNTRY<br>USA       |

4. This FINANCING STATEMENT covers the following collateral:

All assets of the Debtor, including without limitation all tangible and intangible personal property and all fixtures.

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. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA: