

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
Steven P. DeLuca, Esq. (401) 454-8708	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Wieck DeLuca & Gemma Incorporated 56 Pine Street, Suite 700 Providence, Rhode Island 02903	

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 SAINT MARY AND SAINT MENA COPTIC ORTHODOX CHURCH OF R.I. OR 1b. INDIVIDUAL'S LAST NAME SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 8 Pendleton Street RI 02920 **USA** Cranston ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION Non-profit corporation 1d. TAX ID#: SSN OR EIN 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID#, if any Rhode Island 30335 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 FIR\$T NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS CIT POSTAL CODE STATE COLINTRY 2d. TAX ID#: SSN OR EIN ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 20. ORGANIZATIONAL ID #. if any NOT REQUIRED IN ORGANIZATION NONE RHODE ISLAND 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 Bank Rhode Island OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS POSTAL CODE COUNTRY STATE Providence RI One Turks Head Place 02903 **USA**

4. This FINANCING STATEMENT covers the following collateral:

All assets owned by Debtor and used or useable in connection with the real property and improvements located at 2433 Scituate Avenue, Cranston, Rhode Island.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/C	CONSIGNOR BAILEE/BA	ILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. ESTATE RECORDS. Attach Addendum [if applicable]	TO REQUES	T A SEARCH REPO	RT, FILE A UCC11
8. OPTIONAL FILER REFERENCE DATA			
Filed with the Rhode Island Secretary of State			