7. CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME]  OR  [7b. INDIVIDUAL'S LAST NAME]  [7c. MAILING ADDRESS]  [7c. TYPE OF ORGANIZATION]  [7c. JURISDICTION OF ORGANIZATION]  [7c. ORGANIZATION ALID #, if any ORGANIZATION]  [7c. ORGANIZATIONAL ID #, if any ORGANIZATION]  [7c. ORGANIZATIONAL ID #, if any ORGANIZATION]  [7c. MAILING ADDRESS]  [7c. MAILING ADDRESS ADD	
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5. AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor of   Secured Party of record Check only ong of these two boxes.  Also chock ging of the following three boxes and provide appropriate information in items & and/or 7.  Also chock ging of the following three boxes and provide appropriate information in items & and/or 7.  Also chock ging of the following three boxes and provide appropriate information in items & and/or 7.  Also chock ging of the following three boxes and provide appropriate information in items & and/or 7.  Also chock ging of the following three boxes and provide appropriate information in items & and/or 7.  Also chock ging of the following three boxes and provide appropriate information in items & and/or 7.  CHANGE DIRECTOR INFORMATION:  So CREATE TRANSPORT OF A DECENTION OF	
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OR 9b, INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	
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10.0PTIONAL FILER REFERENCE DATA 0467 - 51272990 Debtor: Rhode Island Rescue Ministries 5	5162079