

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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| A. NAME & PHONE OF CONTACT AT FILER [Optional] Antonio Afonso, Jr. (401) 453-3600 | |
| B. SEND ACKNOWLEDGMENT TO: [Name and Address] Antonio Afonso, Jr., Esquire Moses & Afonso, Ltd. 160 Westminster Street Suite 400 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 Bullard Abrasives, Inc. | | | | |
| OR | | | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 6 Carol Drive | | | | |
| CITY Lincoln | | STATE RI | POSTAL CODE 02865 | COUNTRY USA |
| 1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION Public Corp | 1f. JURISDICTION OF ORGANIZATION Massachusetts | 1g. ORGANIZATIONAL ID #, if any 146910 <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 | | | | |
| OR | | | | |
| 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | | | |
| CITY | | STATE | POSTAL CODE | COUNTRY |
| 2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION 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 Rhode Island Industrial Facilities Corporation | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS 315 Iron Horse Way, Suite 101 | | | | |
| CITY Providence | | STATE RI | POSTAL CODE 02908 | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral:

All right, title and interest of the Debtor in the Project, as defined in the Sublease Agreement by and between the Debtor and the Secured Party dated as of December 1, 2010 (the "Agreement") which is financed with proceeds of the Secured Party's \$3,300,000 Rhode Island Industrial Facilities Corporation Industrial Development Revenue Bond (Bullard Abrasives, Inc. Project - 2010 Series A) and the proceeds thereof and the Revenues (as defined in the Agreement)

Record and Property Owner: Bullard Abrasives, Inc.
6 Carol Drive
Lincoln, Rhode Island 02865

This financing statement is filed in connection with a "public finance transaction" pursuant to Rhode Island General Laws Section 6A-9-515(b) and therefore is effective for a period of 30 years after the date of filing.

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:
Filed with Rhode Island Secretary of State

FILING OFFICE COPY— RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/01/06)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | | |
|---|------------|---------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT | | |
| 9a. ORGANIZATION'S NAME | | |
| Bullard Abrasives, Inc. | | |
| OR | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |

10. MISCELLANEOUS:

(Lease)

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

| | | | | |
|--|-----------------------------------|---------------------------|-----------------------------------|--|
| 11a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE COUNTRY |
| 11d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

12. ☐ ADDITIONAL SECURED PARTY or ☐ ASSIGNOR S/P'S Name - Insert only one name (12a or 12b)

| | | | | |
|-----------------------------|------------|-------------|--------|---------------------|
| 12a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 12c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE COUNTRY |

13. This FINANCING STATEMENT Covers ☐ timber to be cut or ☐ as extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.
Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.
☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction—effective 30 years
☒ Filed in connection with a Public-Finance Transaction—effective 30 years