

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
First American Title Insurance Company - UCC Division 5 First American Way, 2nd Floor Santa Ana, CA 92707	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME Jayco Enterprises, Inc.					
OR					
1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 717 Park Avenue		CITY Cranston		STATE RI	POSTAL CODE 02910
1d. TAX ID #: SSN OR EIN		1e. TYPE OF ORGANIZATION Corporation		1f. JURISDICTION OF ORGANIZATION Rhode Island	
ADD'L INFO RE ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any 000144327		<input type="checkbox"/> NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names					
2a. ORGANIZATION'S NAME BJ Enterprises, LLC					
OR					
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 717 Park Avenue		CITY Cranston		STATE RI	POSTAL CODE 02910
2d. TAX ID #: SSN OR EIN		2e. TYPE OF ORGANIZATION Limited liability co.		2f. JURISDICTION OF ORGANIZATION Rhode Island	
ADD'L INFO RE ORGANIZATION DEBTOR		2g. ORGANIZATIONAL ID #, if any 000144356		<input type="checkbox"/> NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME Independence Bank					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1370 South County Trail		CITY East Greenwich		STATE RI	POSTAL CODE 02818
				COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral:

See Exhibit A attached hereto and incorporated herein by reference.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			
8. OPTIONAL FILER REFERENCE DATA						

File with - Rhode Island - Secretary of State

**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 Jayco Enterprises, Inc.		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

**10. MISCELLANEOUS:**

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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 RJJJ ENTERPRISES, LLC				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 135 Putnam Pike		CITY Johnston	STATE RJ	POSTAL CODE 02919 COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION Limited liability co.	11f. JURISDICTION OF ORGANIZATION Rhode Island	11g. ORGANIZATIONAL ID #, if any 000569148 <input type="checkbox"/> NONE

**12. ☐ ADDITIONAL SECURED PARTY'S 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:

16. Additional collateral description:

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

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 Estate18. 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

**UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

19a. ORGANIZATION'S NAME

OR **Jayco Enterprises, Inc.**

19b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

**20. MISCELLANEOUS:**

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**21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names**

21a. ORGANIZATION'S NAME

OR **RT 44 FOOD MART, INC.**

21b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**21c. MAILING ADDRESS**

CITY

STATE

POSTAL CODE

COUNTRY

**135 Putnam Pike****Johnston****RI****02919****USA****21d. SEE INSTRUCTIONS**ADD'L INFO RE  
ORGANIZATION  
DEBTOR

21e. TYPE OF ORGANIZATION

**Corporation**

21f. JURISDICTION OF ORGANIZATION

**Rhode Island**

21g. ORGANIZATIONAL ID #, if any

**000569712**☐ NONE**22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names**

22a. ORGANIZATION'S NAME

OR 22b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**22c. MAILING ADDRESS**

CITY

STATE

POSTAL CODE

COUNTRY

**22d. SEE INSTRUCTIONS**ADD'L INFO RE  
ORGANIZATION  
DEBTOR

22e. TYPE OF ORGANIZATION

22f. JURISDICTION OF ORGANIZATION

22g. ORGANIZATIONAL ID #, if any

☐ NONE**23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names**

23a. ORGANIZATION'S NAME

OR 23b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**23c. MAILING ADDRESS**

CITY

STATE

POSTAL CODE

COUNTRY

**23d. SEE INSTRUCTIONS**ADD'L INFO RE  
ORGANIZATION  
DEBTOR

23e. TYPE OF ORGANIZATION

23f. JURISDICTION OF ORGANIZATION

23g. ORGANIZATIONAL ID #, if any

☐ NONE**24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)**

24a. ORGANIZATION'S NAME

OR 24b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**24c. MAILING ADDRESS**

CITY

STATE

POSTAL CODE

COUNTRY

**25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)**

25a. ORGANIZATION'S NAME

OR 25b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**25c. MAILING ADDRESS**

CITY

STATE

POSTAL CODE

COUNTRY

**EXHIBIT A**

**DEBTORS:** JAYCO ENTERPRISES, INC.  
BJ ENTERPRISES, LLC  
RJJJ ENTERPRISES, LLC  
RT 44 FOOD MART, INC.

**SECURED PARTY:** INDEPENDENCE BANK

**COLLATERAL MEANS:**

- A. ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- B. ALL PASSENGER AND COMMERCIAL MOTOR VEHICLES REGISTERED FOR USE UPON PUBLIC HIGHWAYS OR STREETS, NOW OWNED OR HEREINAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS, EQUIPMENT AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- C. ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED.
- D. ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING.
- E. ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED.