	* U C	C	*						
	CC FINANCING								
	LLOW INSTRUCTION NAME & PHONE OF C								
•	steven P. DeLuca, Esq.		• • •						
В	SEND ACKNOWLEDG	MENT TO: (Nar	ne and Address)						
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	^I Wieck Del	₋uca & Ge	mma Incorporated						
Ì	56 Pine St			}					
ı	Providence	e. Rhode	Island 02903	İ					
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L				THE ABO	VE SPACE IS FO	OR FILING OFFICE U	SE ONLY		
1.	DEBTOR'S EXACT FO	JLL LEGAL NAM	E - insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names					
	1a. ORGANIZATION'S NA	ME							
0.	RJFP LACRO								
٠,	16. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX		
					ł				
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY			
66	66 Illinois Avenue, Suite 1			Warwick	RI	02888	USA		
1d.	TAXID#: SSN OR EIN	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID#, if any			
	RHODEISLAND	TREQUIRED IN ORGANIZATION Limited Liability Compan		Rhode Island	0001	000118732			
2. /	ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one del	btor name (2a or 2b) - do not abbreviate or co	ombine names		1 1400		
	2a. ORGANIZATION'S NA	ME		, , , , , , , , , , , , , , , , , , , ,	TIONIO TIONIOS				
٥.									
OF	26. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX		
					i		}		
2c.	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY		
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2d.	TAXID#: SSNOREIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG/	 ANIZATIONAL ID#, if any	<u></u> _		
	NOT REQUIRED IN RHODE ISLAND	ORGANIZATION DEBTOR	I		1 4		_		
3. 9		NAME (or NAME o	TOTAL ASSIGNEE ALASSIONOD O	I i/P) - insert only one secured party name (3a			NON		
	3a. ORGANIZATION'S NA	WE (SI NO WILL C	TOTAL ASSIGNED OF ASSIGNOR'S	(3a) - Insert only one secured party name	or 3b)				
	Bank Rhode Island								
0R				FIRST NAME	MIDDLE	NAME	Teuren		
					I WILD DEE	ACME	SUFFIX		
3c.	MAILING ADDRESS			CITY	STATE	POSTAL CODE	10000000		
One Turks Head Place				Providence	1		COUNTRY		
- 1			ing collateral:	1 TOVIDETICE	R!	02903	JUSA		

All assets owned by Debtor and used or useable in connection with the real property and improvements located at 1 LaCroix Drive, West Warwick, Rhode Island.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum	in the REAL 7. T	O REQUEST A	SEARCH REPORT		
8. OPTIONAL FILER REFERENCE DATA		*			
Filed with the Rhode Island Secretary of Sta	ate				