

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER [Optional] |
| B. SEND ACKNOWLEDGMENT TO: [Name and Address] Greenwood Credit Union 2669 Post Road Warwick, RI 02886 Attn: Commercial Lending |

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 OR Steven M. Bienenfeld, CPA, Inc. | | | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 25 Orchard Drive | | CITY Cranston | STATE RI | POSTAL CODE 02920 |
| 1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION Corporation | 1f. JURISDICTION OF ORGANIZATION Rhode Island |
| 1g. ORGANIZATIONAL ID #, if any 160729 | | | | <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 |
| 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 OR Greenwood Credit Union | | | | |
| 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS 2669 Post Road | | CITY Warwick | STATE RI | POSTAL CODE 02886 |

4. This FINANCING STATEMENT covers the following collateral:

All Business Assets: Steven M. Bienenfeld, CPA, Inc.(Accounts Receivable, Inventory, Furniture, Fixtures, and Equipment)

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:

State of Rhode Island Secretary of State