	CC FINANCING STATEMENT AMENDMEN	IT		
Α.	NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294			
В.	SEND ACKNOWLEDGMENT TO: (Name and Address) 65377079 - 372200	_		
	Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703			
	Filed In: Rhode Island	است		
	INITIAL FINANCING STATEMENT FILE # 00705342120 8/24/2007	THE ABOV	E SPACE IS FOR FILING OFFICE  1b. This FINANCING STATE  1c be filed (for record) (or	MENT AMENDMENT i
2.	TERMINATION: Effectiveness of the Financing Statement identified above is			mination Statement.
-[	CONTINUATION: Effectiveness of the Financing Statement identified abortional period provided by applicable law.	ve with respect to security interest(s) of the Se	ecured Party authorizing this Continuati	on Statement is
-	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give na	ame of assignor in item 9.	
	AMENDMENT (PARTY INFORMATION): This Amendment affects De Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it	btor or Secured Party of record. Check of	only <u>one</u> of these two baxes.	
	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if a	a or 7b, and also item 7c;
. 1	CURRENT RECORD INFORMATION:		aisocomplete items /e-/g(ita	ірріісавіеј.
	6a. ORGANIZATION'S NAME PEOPLES LIQUOR WAREHO	OUSE-APPONAUG, INC.		
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
_	CHANGED (NEW) OR ADDED INFORMATION:			
•	7a. ORGANIZATION'S NAME		·	<del></del>
R	75. INDIVIDUAL'S LAST NAME	Tripot House		
	TO INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
<u>.</u>	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ı.	SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7- 000417470111 10 # 3	
	ORGANIZATION DEBTOR	71. SORISDICTION OF ORGANIZATION	7g. ORGANIZĂTIONAL ID#, if	anyNo
	AMENDMENT (COLLATERAL CHANGE): check only one box.			
	AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral deleted or stated collateral deleted			
N	idds collateral or adds the authorizing Debtor, or if this is a Termination authorized I	by a Debtor, check here and enter name of	f DEBTOR authorizing this Amendment	лzed by a Debtor whi :
а	9a. ORGANIZATION'S NAME RBS Citizens, N.A. successor	by merger to Citizens Bank o	of Rhode Island	