 Corporation Servic 	G STATEMENT NS (front and back) CAREFULLY CONTACT AT FILER [optional] se Company 1-800-858-5294				
	GMENT TO: (Name and Address)				
65308934 - 33	35380	7			
Corporation	n Service Company				
801 Adlai Stevenson Drive					
	, IL 62703-4261				
acks@cs	cinfo.comed In: Rhode Isl	and (S.O.S.)			
<u> </u>		THE ABOVE S	SPACE IS FO	R FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT F	ULLLEGAL NAME-insert only one debtor name (1 a or 1)	b) - do not abbreviate or combine names			
		J .			
OR 15, INDIVIDUAL'S LASTI	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS 5(0 Bacon Street	СПУ	STATE	POSTAL CODE	COUNTR
		Pawtucket	RI	02860	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION COrp.	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	
A ADDITIONAL DEBTC	DESTOR COLD. DR'S EXACT FULL LEGAL NAME - insert only one				×
2a. ORGANIZATION'S N	IAME				
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE 2e, TYPE OF ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION	2g. ORG	 ANIZATIONAL ID #, if any	,
3. SECURED PARTYS	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S	/P) - insert only one secured party name (3a or 3b)			
da. Ortorinazimona i	RBS Citizens, N.A.				
OR 3b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME		SUFFIX
3c, MAILING ADDRESS One Citizens Plaza		CITY	STATE	POSTAL CODE	COUNTR
···································		Providence	Ri	02903	USA