CC FINANCING						
LLOW INSTRUCTIONS (
Loan Operation 508-9						
SEND ACKNOWLEDGN	IENT TO: (Name	and Address)				
Rockland To loanoperation 8A Station	rust Company ons@rocklandt Street	rust.com	Ĭ.			
	MA 02346					
ı			ł			
<u>. </u>			THE ABO	OVE SPACE IS FOR	R FILING OFFICE US	E ONLY
. DEBTOR'S EXACT FU	ILL LEGAL NAME	insert only one debtor name (1a c	r 1b) - do not abbreviate or combine names	i		
1a. ORGANIZATION'S NA		·				
G.B. Donuts of Rhode Island, Inc. OR 15 INDIVIDUAL'S LAST NAME			IFIRST NAME	MIDDLE N	AME	SUFFIX
TB. INDIVIDUALS EAST IN	I AIVI					
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2084 Diamond Hill Ro	ad		Cumberland	RI	02864	USA
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	11. JURISDICTION OF ORGANIZATION		NIZATIONAL ID # if any	Non
ADDITIONAL DEBTOR		LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate o	r combine names		<u></u>
Za. ORGANIZATION 5 NA	MAILE.					
2b. INDIVIDUAL'S LAST I	NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
	_				langu pang	COUNTRY
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
	ADDI INICO DE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	,
2d. SEE INSTRUCTIONS	ORGANIZATION DEBTOR	1	1	, !		Пио
SECURED PARTY'S		of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name	(3a or 3b)		
3a. ORGANIZATION'S N						
Rockland Trust C	•		TELEGIT MANE	MIDDLE	NAME	SUFFIX
OR 3b. INDIVIDUAL'S LAST NAME			FIRST NAME	111111111111111111111111111111111111111	INSECTION IN	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
PO Box 32			Middleboro	MA	02346	USA
4. This FINANCING STATEM	FNT covers the follo	wing collateral:				
not limited to all pro- rights to payment ar- and other minerals b cut; all attachments foregoing property,	missory notes) nd performance perfore extraction , accessions, a and all addition	, letter-of-credit rights, let e, and general intangibles on; all oil, gas, other miner ccessories, fittings, increa is, replacements of and su	to all health-care-insurance rec ters of credit, documents, depo (including but not limited to all s als and accounts constituting a ases, tools, parts, repairs, suppl abstitutions for all or any part of a foregoing property; all records	software and all sextracted colla lies, and commin fithe foregoing pand and early ea	payment intangible teral; all fixtures; gled goods relatin roperty; all insurar mbedded software	es); all oil, gas all timber to be g to the nce refunds relating to the
foregoing property,	and all equipmonting obligations or whether now	ent, inventory and softwares relating to the foregoing	re to utilize, create, maintain an g property; all whether now exi ny rights in the foregoing propei	a process any si sting or hereafte	r arising, whether	now owned o

. 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) i	n the REAL 7 Check to REQUEST SEARCH REPOR	T(S) on Debtor(s) [optional] Ali Det	otors Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum	in applicable) The best of t	A	