

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 23236 CATHAY BANK (M	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	34883700  RIRI FIXTURE

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 ORANGE STREET, LLC						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 972 Highland Avenue			CITY Fall River	STATE MA	POSTAL CODE 02720	COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION RI		1g. ORGANIZATIONAL ID #, if any 000149700 <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 Bronhard		FIRST NAME Walter	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS 972 Highland Avenue			CITY Fall River	STATE MA	POSTAL CODE 02720	COUNTRY USA
2d. SEE INSTRUCTIONS	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 Cathay Bank						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 621 Washington Street			CITY Boston	STATE MA	POSTAL CODE 02111	COUNTRY USA

## 4. This FINANCING STATEMENT covers the following collateral:

All machinery, furnishings, fixtures, equipment and other goods (all as defined in the Uniform Commercial Code), leases, royalties, revenues, accounts, rents, contract rights, investment property, payment entitlements, cash, deposit accounts, escrow accounts, permits, approvals, licenses, general intangibles and all other personal property whether now existing or hereafter arising or acquired, belonging to Debtor and arising from, located on, used in connection with or relating to the real property and improvements thereon located at Units # 1A, 2A and 3A of the Orange Street Condominiums, 72 Orange Street, Providence, Rhode Island, and in the proceeds and products thereof, including but not limited to all condemnation payments, tax refunds and abatements, and insurance proceeds.

5. ALTERNATIVE DESIGNATION [if applicable] ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2 (ADDITIONAL FEE) [optional]

## 8. OPTIONAL FILER REFERENCE DATA

34883700

Cathay Bank

Walter Bronhard &amp; Orange Street LLC

## FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME ORANGE STREET, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

### 10. MISCELLANEOUS

34883700-RI-0

23236 CATHAY BANK (M

File with: Rhode Island Walter Bronhard & Orange Cathay Bank

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### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX
11c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

### 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX
12c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

16. Additional collateral description:

### 14. Description of real estate:

Description: 72 Orange Street, Unit 1A, 2A, 3A, Providence

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactured-Home Transaction  
☐ Filed in connection with a Public-Finance Transaction

Order No: 1409213 (AB-85149)

**EXHIBIT 'A'**

The following premises in Orange Street Condominium, situated in the City of Providence, County of Providence, State of Rhode Island, created by Declaration of Condominium, dated 08/03/2005 and recorded on 08/04/2005 in Book 7468 at Page 35 as Amended and Restated in Book 7574 at Page 1 dated 19/19/2005 and recorded on 09/23/2005 in the Records of Land Evidence in the City of Providence, as said Declaration may be amended of record, designated as Unit Number 1A, 2A & 3A, together with all buildings and improvements thereon.

Together with the undivided appurtenant percentage interest in the Common Elements of said Condominium appurtenant to said Unit and Together with the right and easements appurtenant to said Unit as set forth in the Declaration.