

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**First American - UCC Division
5 First American Way, 2nd Floor
Santa Ana, CA 92707**

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
D. C. Enterprises, Inc.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

1038-1040 Charles Street

CITY

North Providence

STATE

RI

POSTAL CODE

02904

COUNTRY

USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION

Corporation

1f. JURISDICTION OF ORGANIZATION

Rhode Island

1g. ORGANIZATIONAL ID #, if any

000105463

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
Village Motor Car Co., Inc.

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

975 Charles Street

CITY

North Providence

STATE

RI

POSTAL CODE

02904

COUNTRY

USA

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

Corporation

2f. JURISDICTION OF ORGANIZATION

Rhode Island

2g. ORGANIZATIONAL ID #, if any

000116903

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
Independence Bank

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

1370 South County Trail

CITY

East Greenwich

STATE

RI

POSTAL CODE

02818

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

ALL ACCOUNTS, CONTRACT RIGHTS, EQUIPMENT, FIXTURES, GENERAL INTANGIBLES, INTELLECTUAL PROPERTY, INVENTORY, INVESTMENT PROPERTY, ROLLING STOCK, TITLED MOTOR VEHICLES INCLUDING MOBILE OR MANUFACTURED HOMES, NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS, ACCESSIONS, PROCEEDS AND PRODUCTS THEREOF.

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 (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) [ADDITIONAL FEE]

8. OPTIONAL FILER REFERENCE DATA

All Debtors Debtor 1 Debtor 2

File with: Rhode Island - Secretary of State

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

19a. ORGANIZATION'S NAME
D.C. Enterprises, Inc.

OR

19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

20. MISCELLANEOUS:

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21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME
DC Realty, Inc.

OR

21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

1038-1040 Charles Street North Providence RI 02904 USA

21d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 21e. TYPE OF ORGANIZATION 21f. JURISDICTION OF ORGANIZATION 21g. ORGANIZATIONAL ID #, if any

Corporation Rhode Island 000313503 NONE

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

22d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 22e. TYPE OF ORGANIZATION 22f. JURISDICTION OF ORGANIZATION 22g. ORGANIZATIONAL ID #, if any

NONE

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

23d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 23e. TYPE OF ORGANIZATION 23f. JURISDICTION OF ORGANIZATION 23g. ORGANIZATIONAL ID #, if any

NONE

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR

24b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

24c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR

25b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

25c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY