DLLOW INSTRUCTION NAME & PHONE OF Gina M. Sayles	NG STATEMENT AIDNS (front and back) CAREFUL F CONTACT AT FILER (optional (401) 826-0842, extensional COMENT TO: (Name and Additional Comments)	LLY IJ on 1870				
60 Quake	ural Development r Lane, Suite 44 , RI 02886					
			THE ABO		R FILING OFFICE US	
INITIAL FINANCING S 541785	STATEMENT FILE #			☐ to l	s FINANCING STATEMEN be filed [for record] (or reco	
	Effectiveness of the Financing State	ement identified above is termin	ated with respect to security interest(s		AL ESTATE RECORDS. Introduction of the state of the stat	ition Statement.
CONTINUATION	: Effectiveness of the Financing S	tatement identified above with	respect to security interest(s) of the			
	dditional period provided by applica					
	RTY INFORMATION): This Ame	· · · · · · · · · · · · · · · · · · ·	of assignee in item 7c; and also give Secured Party of record. Check	<u>_</u> _		
Also check <u>one</u> of the f	ollowing three boxes <u>and</u> provide app	propriate information in items 6	· 🗀	K 5111) <u>9119</u> 5, 111232	two boxes.	
CHANGE name and in regards to changing	or address: Please refer to the detailed of the name/address of a party.	linstructions D	ELETE name: Give record name be deleted in item 6a or 6b.	ADD also d	name: Complete item 7a or 7 complete items 7e-7g (if appli	'b, and also item ī cable).
CURRENT RECORD 6a. ORGANIZATION						
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