SEND ACKNOWLEDG	VP (401)-348-1216 MENT TO: (Name and Address)			
		_		
(Commercia	gton Trust Company			
23 Broad St	l Lending Department reet			
Westerly, R	I 02891			
1				
L		THE ABO	VE SPACE IS FOR FILING OFFICE U	
INITIAL FINANCING STA	TEMENT FILE #		to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
		bove is terminated with respect to security interest(s) of the Secured Party authorizing this Termi	nation Statement
CONTINUATION:	Effectiveness of the Financing Statement identifie tional period provided by applicable law.	ed above with respect to security interest(s) of the	Secured Party authorizing this Continuation	Statement is
		o and address of assignee in item 7c; and also give	name of assignor in ítem 9.	
•	/ INFORMATION): This Amendment affects	Debtor or Secured Party of record. Chec	k only <u>one</u> of these two boxes.	
CHANGE name and/or	wing three boxes <u>and</u> provide appropriate informati address: Please refer to the detailed instructions	on in items 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a o also complete items 7e-7g (if app	r7b, and also item
in regards to changing t CURRENT RECORD IN	ne name/address of a party. FORMATION:	to be detered in item ballor ob.	also complete terms i e-reg (i up)	Jiiodojoy.
6a. ORGANIZATION'S I	IAME			
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR A				
Westerly Jev	velry Co., Inc.			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTR
.O. Box 324		Westerly	RI 02891	USA
SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	Rhode Island	7g. ORGANIZATIONAL ID #, if a	ny 🔽
AMENDMENT (COLL	DEBTOR Corporation ATERAL CHANGE): check only one box.	Rhode Island		<u> </u>