B. SEND ACKNOWLEDGMENT TO: [Name and Address]				
l –				
BANK RHODE ISLAND ATTN: LOAN SERVICING PO BOX 9488 PROVIDENCE, RI 02940-9488				
L	THE ABO	VE SPACE IS FOR	FILING OFFICE U	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name 1a. ORGANIZATION'S NAME	(1a or 1b) - do not abbreviate or combine nam	98		
OR TRI-JAY CO.				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS TWO INDUSTRIAL LANE	JOHNSTON	STATE RI	POSTAL CODE 02919	COUNTRY
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND DEBTOR 1e. TYPE OF ORGANIZAT CORP	ION 11. JURISDICTION OF ORGANIZATI	ON 1g. ORG, 1191	ANIZATIONAL ID #, if any	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only [2a, ORGANIZATION'S NAME	one debtor name (2a or 2h) - do not abbreviate			
	Total debior Hame (Ea or Eb) - do not abbreviate	or combine names		
OR .	THE SECOND PARTY (28 OF 25) SECOND REDIGINAL	or combine names		
	FIRST NAME	or combine names	NAME	SUFFIX
QR		.,	NAME POSTAL CODE	SUFFIX
QB 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN NOT REQUIRED IN ORGANIZATION 2e. TYPE OF ORGANIZATION	FIRST NAME	MIDOLE	<u> </u>	
26. MAILING ADDRESS 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN NOT REQUIRED IN ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION DEBTOR 27. TYPE OF ORGANIZATION DEBTOR	FIRST NAME CITY CON 21. JURISDICTION OF ORGANIZATI	MIDOLE STATE ON 2g. ORGA	POSTAL CODE	COUNTRY
26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN NOT REQUIRED IN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGN) 3a. ORGANIZATION'S NAME BANK RHODE ISLAND	FIRST NAME CITY CON 21. JURISDICTION OF ORGANIZATI	MIDOLE STATE ON 2g. ORGA	POSTAL CODE	COUNTRY
2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNEE) 3a. ORGANIZATION'S NAME	FIRST NAME CITY CON 21. JURISDICTION OF ORGANIZATI	MIDOLE STATE ON 2g. ORGA	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN NOT REQUIRED IN DEBTOR DEBTOR 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGN) 3a. ORGANIZATION'S NAME BANK RHODE ISLAND	FIRST NAME CITY ON 2f. JURISDICTION OF ORGANIZATI DR S/P) - insert only one secured party name (5)	MIDOLE STATE ON 2g. ORGA	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

This FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

8. OPTIONAL FILER REFERENCE DATA: RI SECRETARY OF STATE