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MME A PHONE OF CONTACT AT FILER (optional) MAIL CONTACT AT FILER (optional) ROBERT A. Migliaccio, Esq. Cameron & Mittleman, LLP 301 Promenade Street Providence, Rhode Island 02908 rmigliaccio@cm-law.com THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY BTOR'S NAME: Provide only gag Debtor name (1s or 1s) (use exact, full name; do not omit, modity, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAd) MORGANIZATIONS NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Wakefield BTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name, do not omit, modity, or abbreviate any part of the Debtor and part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAG) Wakefield BTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name, do not omit, modity, or abbreviate any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAG) Wakefield BTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name, do not omit, modity, or abbreviate any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAG) Wakefield BTOR'S NAME: Provide only gag Secured Party name (2a or 3b) LORGANIZATIONS NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT CORGANIZATIONS NAME BTORYS NAME (or NAME of ASSIGNER of ASSIGNOR SECURED PARTy): Provide only gag Secured Party name (2a or 3b) LORGANIZATIONS NAME BTORYS NAME (or NAME of ASSIGNER of ASSIGNOR SECURED PARTy): Provide only gag Secured Party name (2a or 3b) LORGANIZATIONS NAME BTORYS NAME (or NAME of ASSIGNER of ASSIGNOR SECURED PARTY): Pro	ICC FINANCING ST	ATEMENT				
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ck only if applicable and check only one box: 6b. Check only if applicable and check only one box:	38. ORGANIZATION'S NAME RBS Citizens, Nati 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS THE Citizens Plaza COLLATERAL: This financing sta II of the Debtor's right, I substitutions therefor	ional Association atement covers the following collateral: , title and interest in and to and replacements thereof	FIRST PERSONAL NAME CITY Providence Diaccount no. xxxxxx0610 with and any proceeds thereof.	STATE RI The Washing being administer 6b. Check goly i	POSTAL CODE 02903 ton Trust Compan red by a Decedent's Personal f applicable and check only of	y, any a